DOCUMENT RESUME

ED 309 672 HE 022 345

TITLE Designing the Future: The Recruitment Connection. Summary of Proceedings (Orlando, Florida, February 12-14, 1988).
INSTITUTION American Dental Hygienists' Association, Chicago, IL.; National Dental Hygienists' Association.
PUB DATE Aug 88
NOTE 190p.
AVAILABLE FROM American Dental Hygienists' Association, 444 North Michigan Avenue Suite 3400, Chicago, IL 60611 ($10.00).
PUB TYPE Collected Works - Conference Proceedings (021)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Allied Health Personnel; Blacks; *Career Development; College Bound Students; *Dental Hygienists; Dental Schools; Dentistry; Educational Quality; Hispanic Americans; Males; Minority Groups; Nontraditional Students; Postsecondary Education; *Recruitment; Student Development

ABSTRACT

A summary of the proceedings from a hygienists' conference is presented. Papers are as follows: "Career Recruitment: A Vested Interest" (Marge Reveal); "Partners in Career Recruitment" (Sharon Kershaw); "Educational Structure: Its Role in Career Recruitment" (Sarah Turner); "Communicating Our Professional Goals" (Connie Tussing); "Career Recruitment: A Social Marketing Approach" (Joseph Ashcroft and Ab Gratama); "Alumni Groups: The Recruitment Connection" (Pamela Zarkowski); "Orchestrating Dental Hygiene Recruitment: An Educator's Perspective" (Susan Mercier); "Catch 22" (Shiela Hoople); "Developing the Student as a Valuable Recruiter" (Lillian Feliciani); "ADHA Tirpartite Role" (Barb Williamson); "Dental Hygiene Student Recruitment: Understanding the Attributes of the Hispanic Target Population" (Deborah Bauman); "The Black Population" (Carrolyn Rountree); "Targeting Men for Recruitment into Dental Hygiene" (Mark Patterson); "The 18-24 Year Old Potential Dental Hygienist" (Selina Fries); "Recruiting the Nontraditional Student" (Cynthia Brown); and "Attributes and Recruitment Activities for the Middle and Adolescent Years" (Carole Christie). Appendices include: small group reports; conference evaluation; annotated bibliography that contains 41 references; literature reviews; dental hygiene career recruitment needs assessment; representation; and participant roster. (SM)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED309672

DESIGNING THE FUTURE:

THE RECRUITMENT CONNECTION

SUMMARY OF PROCEEDINGS

ORLANDO, FLORIDA
FEBRUARY 12-14, 1988

SPONSORED BY:

THE AMERICAN DENTAL HYGIENISTS' ASSOCIATION
THE NATIONAL DENTAL HYGIENISTS' ASSOCIATION

"PERMISSION TO REPRODUCE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY

American Dental

Hygienists Assoc

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

HE 022 345

August 1988

Copyright American Dental Hygienists' Association, 1988
Published by: American Dental Hygienists' Association
444 North Michigan Avenue Suite 3400
Chicago, Illinois 60611

CONFERENCE ACKNOWLEDGEMENTS

The proceedings from "Designing the Future: The Recruitment Connection" are brought to you by the American Dental Hygienists' Association (ADHA) and the National Dental Hygienists' Association (NDHA). We are pleased to provide this summary to those who are concerned with the future of our profession.

Appreciation is extended to the human resource network which is necessary to support career recruitment activities-dental hygiene practitioners, students, alumni groups, dental hygiene educators, and institutional recruiters. These individuals and groups will make a significant contribution toward designing the future of our profession by contributing their abilities, expertise, and interests to dental hygiene career recruitment.

ADHA and NDHA extend appreciation to Oral-B Laboratories for their support of the reception which was held during the conference. We appreciate Oral-B's recognition of the importance of career recruitment and are gratified at their commitment to the profession.

The success of this landmark effort can be attributed to the devoted individuals who participated in the conference. ADHA and NDHA acknowledge the time and energy which was expended by everyone involved in this event.

ADHA CONFERENCE PLANNING COMMITTEE
1987-88 ADHA Subcommittee on Career Recruitment

Beth Pelton, RDH, MS, Chair
The University of Iowa

Kathy Eklund, RDH, MS
Forsyth School of Dental Hygiene

Barbara Nelson, RDH, MS
Clark County Community College

TABLE OF CONTENTS

ACKNOWLEDGEMENTS . . . . . *i*

ADHA CONFERENCE PLANNING COMMITTEE . . . . . *iii*

TABLE OF CONTENTS . . . . . *v*

PROLOGUE . . . . . *ix*

PROGRAM . . . . . *xiii*

I. WELCOME 1

II. OPENING REMARKS 3

III. NDHA AND ADHA: PARTNERS IN CAREER RECRUITMENT 6

IV. EDUCATIONAL STRUCTURE: ITS ROLE IN CAREER RECRUITMENT 8

V. CAREER RECRUITMENT: COMMUNICATING OUR PROFESSIONAL GOALS . . 16

VI. CAREER RECRUITMENT: A SOCIAL MARKETING APPROACH 23

VII. EXPLORING DENTAL HYGIENE HUMAN RESOURCES: PAPER PRESENTATION SERIES 45

A. DENTAL HYGIENE ALUMNI GROUPS 47

B. DENTAL HYGIENE EDUCATORS 55

C. DENTAL HYGIENE PRACTITIONERS 61

D. DENTAL HYGIENE STUDENTS 69

E. ADHA TRIPARTITE ROLE 79

VIII. UNDERSTANDING ATTRIBUTES OF TARGET POPULATIONS: PAPER PRESENTATION SERIES 83

F. HISPANIC POPULATION 85

G. BLACK POPULATION 97

H. MALE POPULATION 107

I. TRADITIONAL POPULATION (AGES 18-24) 113

J. NONTRADITIONAL POPULATION (AGES 25-40) 117

K. PROSPECTIVE POPULATION (GRADES 4-9) 125

IX. CLOSING REMARKS 131

TABLE OF CONTENTS (continued)

APPENDIX A APPENDIX PROLOGUE 133

APPENDIX B SMALL GROUP REPORTS 135

APPENDIX C CONFERENCE EVALUATION 143

APPENDIX D ANNOTATED BIBLIOGRAPHY 149

APPENDIX E LITERATURE REVIEWS. 155

APPENDIX F DENTAL HYGIENE CAREER RECRUITMENT NEEDS ASSESSMENT . . 175

APPENDIX G REPRESENTATION 187

APPENDIX H PARTICIPANT ROSTER 191

PROCEEDINGS PROLOGUE

Dental Hygiene practitioners and educators alike have expressed an imperative need for the profession to address the issue of career recruitment. In response to this need, the American Dental Hygienists' Association initiated a four phase career recruitment program in 1987.

During Phase I, the Procter & Gamble Oral Health Group provided an educational grant to fund the development and dissemination of a recruitment poster. The poster, entitled *"Innovations In Education,"* was designed to increase the visibility of dental hygiene education. It was also intended to communicate the Association's commitment to dental hygiene education. The poster was disseminated to career guidance counselors, libraries and dental hygiene education programs.

The ADHA Subcommittee on Career Recruitment was established thereafter. The Subcommittee was charged with assessing career recruitment issues and planning the first dental hygiene career recruitment conference.

The conference entitled, *"Designing the Future: The Recruitment Connection,"* was cosponsored by the American Dental Hygienists' Association and the National Dental Hygienists' Association. It was conducted in February 1988, in Orlando, Florida. During the two day conference, presenters provided information about social marketing and its relationship to dental hygiene career recruitment. Presenters highlighted the importance of positively projecting the dental hygiene profession to the public. They identified potential target populations for dental hygiene career recruitment by age and ethnicity. Also, they described the rich human resource network of potential recruiters that exists among dental hygiene educators, practitioners, students, alumni groups, institutional recruiters, ADHA, and NDHA.

A great deal of enthusiasm was generated at this conference. Participants urged ADHA to continue in its leadership role in career recruitment and encouraged ADHA and NDHA to plan further career recruitment activities.

In view of this request, ADHA produced a slide-script presentation to be presented to members of the dental hygiene community who were unable to attend the career recruitment conference. The presentation included information excerpted from the conference. The presentation was developed to disseminate information about social marketing and highlight its relationship to dental hygiene career recruitment. It included a small group exercise developed to allow ADHA a mechanism for soliciting input from the dental hygiene community via a survey form to be compiled by ADHA central office staff.

Phase II began in the ADHA 1988-89 fiscal year. This phase includes the development and pretesting of an image which projects the dental hygiene profession and the development of promotional campaigns to communicate that image. Phase II will culminate in a follow-up

career recruitment conference sponsored by ADHA and NDHA. The conference will highlight the relationship between career recruitment and manpower issues. Conference participants will be apprised of the results obtained from all pretesting activities and the slide-script presentations. Participants will also have an opportunity to provide input on current and proposed ADHA recruitment activities.

Phase III of the recruitment plan will begin as ADHA modifies the dental hygiene draft image based upon input received from participants of both recruitment conferences and pretesting activities. Thereafter, a poster, pamphlet and resource booklet, designed to accurately project the dental hygiene profession will be developed and disseminated to a wide variety of groups and individuals.

It is projected that Phase IV will be initiated in 1990-91 ADHA fiscal year. This final phase of the plan will include the production and the dissemination of audiovisual resource materials designed to support the dental hygiene career recruitment effort. These audiovisual materials will be developed to project the dental hygiene image to potential recruits. It is projected that the audiovisual materials will be used collaterally with the poster, pamphlet, and resource booklet previously developed.

DESIGNING THE FUTURE: THE RECRUITMENT CONNECTION

Program

Conference Registration

Friday, February 12, 1988 (3:00 p.m. - 6:00 p.m.) Magnolia Room Foyer
Saturday, February 13, 1988 (6:45 a.m. - 8:30 a.m.) Magnolia Room Foyer

Saturday, February 13, 1988 **(8:30 a.m. - 12:30 p.m.)**	General Session Magnolia Room
Conference Moderator	Beth Pelton, RDH, MS
Career Recruitment: A Vested Interest	Marge Reveal, RDH, MBA ADHA President
NDHA and ADHA: Partners In Career Recruitment	Sharon Kershaw, RDH NDHA President
Educational Structure: Its Role In Career Recruitment	Sarah Turner, RDH, MS
Career Recruitment: Communicating Our Professional Goals	Connie Tussing, RDH, MBA ADHA Immediate-Past President

BREAK

Career Recruitment: A Social Marketing Approach	Joseph Ascroft, PhD Ab Gratama, Professor, Graphic Design School of Art and Art History University of Iowa

LUNCH (On Your Own)

Saturday, February 13 (continued) **(1:30 p.m. - 5:15 p.m.)**	General Session Magnolia Room
Career Recruitment: A Social Marketing Approach (continued)	Joseph Ascroft, PhD Ab Gratama, Professor, Graphic Design School of Art and Art History University of Iowa
Small Groups	Small Group Session Break-out Rooms
Reception: Immediately Following Small Group Sessions	To Be Announced

DESIGNING THE FUTURE: THE RECRUITMENT CONNECTION

Program

Sunday, February 14, 1988 **(8:30 a.m. - 12:30 p.m.)**	General Session Magnolia Room
Small Group Session Summary	Group Reporters
EXPLORING HUMAN RESOURCES: THE RECRUITMENT CONNECTION	Beth Pelton, RDH, MS
Alumni Groups	Pam Zarkowski, RDH, MPH
Educators	Susan Mercier, RDH, MS
Practitioners	Sheila Hoople, RDH, MS
Students	Lillian Felliciani, RDH
ADHA Tripartite Role	Barbara Williamson, RDH ADHA President-elect
UNDERSTANDING ATTRIBUTES OF TARGET POPULATIONS: PAPER PRESENTATION SERIES	Beth Pelton, RDH, MS Moderator
Hispanic Population	Deborah Blythe Bauman, RDH, MS
Black Population	Carrolyn Rountree, RDH, MS
Male Population	Mark Patterson, RDH, BS

LUNCH (ADHA Provided) Tangerine A and B Rooms

Sunday, February 14 (continued) **(1:30 p.m. - 4:15 p.m.)**	General Session Magnolia Room
UNDERSTANDING ATTRIBUTES OF TARGET POPULATIONS: SERIES CONTINUED	Beth Pelton, RDH, MS Moderator
Traditional Population	Nina Friese, RDH, BHS
Nontraditional Population (Ages 25-40)	Cindy Brown, RDH, MS
Prospective Population (Grades 4-9)	Carol Christie, CDA, MSC
General Disscusion	Beth Pelton, RDH, MS Moderator
Career Recruitment: A Social Marketing Approach (continued)	Joseph Ascroft, PhD Ab Gratama, Professor, Graphic Design School of Art and Art History University of Iowa
Closing Remarks	Marge Reveal, RDH, MBA ADHA President

WELCOME

Beth Pelton, RDH, MS, Chair
Subcommittee on Career Recruitment

Good morning. My name is Beth Pelton. I am the chair of the ADHA Subcommittee on Career Recruitment. I would like to introduce the other two members of the committee. Barbara Nelson from Clark County Community College and Kathy Eklund from Forsyth School of Dental Hygiene. On behalf of the Subcommittee, I welcome you to Orlando and "Designing the Future: The Recruitment Connection."

I would like to make a few creature comfort announcements. We will be taking refreshment breaks throughout the conference. As you break you will find the restrooms located in the foyer area adjacent to this ballroom. At the close of the meeting today, we offer you the opportunity to join us at a reception sponsored by Oral-B Laboratories, Inc. Tomorrow we ask that you join us for an ADHA sponsored luncheon. Name tags will be considered admittance tickets for both these events.

Because we have such a busy schedule and due to the compulsive need hygienists have to stay on task, I'd like to begin our program by introducing Marge Reveal.

INTRODUCTION: MARGE REVEAL, RDH, MS, MBA

Beth Pelton, RDH, MS

Ms. Reveal is the 1987-88 President of the American Dental Hygienists' Association. She is a faculty member at Oregon Health Sciences University, Department of Dental Hygiene. She has been a dental hygiene educator for eleven consecutive years.

President Reveal received a Bachelor of Science Degree in Dental Hygiene and a Master of Science Degree in Health Education from the University of Oregon. She also received a Masters Degree in Business Administration from Portland State University.

Since assuming the ADHA presidency, Marge has strongly supported ADHA's involvement in career recruitment. With her encouragement, the 1988 House of Delegates will be reviewing plans for ADHA's continued involvement in this arena.

CAREER RECRUITMENT: A VESTED INTEREST

Marge Reveal, RDH, MS, MBA
ADHA President

On behalf of the American Dental Hygienists' Association, I welcome you to this conference. The conference brings together many individuals with a common bond. Over the next few days educators, practitioners, students, alumni groups, NDHA, ADHA and recruitment officials will join together, learn and interact as we address dental hygiene career recruitment.

In the past decade our society has encouraged futurists to speak out on a wide variety of issues. This has been due, in part, to increasing technology and the recognition of the importance of information to forecast the future.

Postsecondary education has followed this trend. Researchers have provided data about education issues ranging from demographics to curriculum. Within that context, an overwhelming amount of information has been released regarding current and future enrollment trends. This information has been somewhat contradictory and confusing, at best.

In the early to mid 1980s, experts warned that enrollment trends in postsecondary education would dramatically decline. Their projections were based upon seemingly clear cut demographic information that pointed to an across the board reduction in the 18-22 year old population. Colleges were seemingly headed for an enrollment "crash" that would begin in the late 1980s and continue through the 1990s. Based on this information, many colleges across the country geared up with competitive recruitment strategies.

To the surprise of some college educators, enrollment in postsecondary educational institutions actually increased in 1987-88. This upturn led many college leaders to believe that the earlier forecasts predicting enrollment decline had been inaccurate. A recently released report entitled "When Projections Miss Their Mark," is one of several publications promoting the notion that demographic projections regarding the enrollment decrease were incorrect. This report, which was cojointly published by the American Association of State Colleges and Universities and the National Association of State Universities and Land-Grant Colleges, attributes the 1987-88 enrollment increase to a "substitution effect" created when nontraditional students offset the number of traditional students enrolled.

On the other hand, demographers and futurists explain that the recent enrollment increase parallels a brief increase in the college-age population for the period of 1987-89. They suggest that a "demographic bubble" was created between 1969-71 when the birthrate increased as servicemen returned from the Vietnam War. According to these experts, the birthrate then fell between 1972-74 and never regained the momentum reached between 1969-71. They project that this "demographic bubble"

will disappear by 1990 and assert that the traditional college age population will decline by at least 12%, nationwide, from 1990 through 1994.

I do not suggest that we spend too much time disputing these two positions. However, we should not ignore them. The indisputable fact is that societal and demographic trends effect postsecondary educational enrollment and ultimately impact manpower issues. Today we must begin to strategize about how we can insulate the dental hygiene manpower pool from such fluctuations and trends.

What does all this information mean?

1. The traditional college-age applicant pool is diminishing nationally. This has implications for all disciplines as they recruit the new group of professionals.

2. Competition between disciplines will intensify as they attempt to recruit qualified applicants.

3. Recruitment costs will escalate along with increasing education costs.

How will these facts effect the profession of dental hygiene?

As dental hygiene professionals, it is our responsibility to design the future of our profession. By working together, we can help to protect the developing discipline of dental hygiene from fluctuating demographic trends that adversely effect enrollment and ultimately effect manpower resources.

As professionals, do we have a vested interest in the future of dental hygiene? Of course we do! We not only have a vested interest, but a responsibility to both maintain and nurture our future.

To this end, we must all work together to establish innovative career recruitment strategies. Only through our collective efforts can human and fiscal resources be maximized so that we can recruit qualified applicants at an optimal cost.

During this two-day conference, presenters will provide information about projecting our professional image to the public. They will identify potential market segments for dental hygiene career recruitment and describe the rich human resource network of potential recruiters that exists within the dental hygiene community.

I encourage your active involvement in this process. We can all look forward to developing an appropriate public image for dental hygiene.

INTRODUCTION: SHARON KERSHAW, RDH, BS

Beth Pelton, RDH, MS

Ms. Kershaw is a graduate of the dental hygiene program at Howard University and is completing a Master's Degree in Health Care Administration. She has been a dental hygiene practitioner for 19 years. Currently Sharon is the branch office manager of a health maintenance organization in Baltimore, Maryland. Sharon is President of the National Dental Hygienists' Association and will serve until 1989. Since its inception in the early sixties, the National Dental Hygienists' Association has proven to be a front runner in career recruitment. The Association actively pursues minority involvement in the dental hygiene profession.

PARTNERS IN CAREER RECRUITMENT

Sharon S. Kershaw, RDH, BS
NDHA President

Good morning ladies and gentlemen. I am delighted to speak at the first recruitment conference co-sponsored by the American Dental Hygienists' Association and the National Dental Hygienists' Association. As partners in career recruitment we can collectively address the recruitment issue together. The success of this conference and future activities depends upon our ability to collaborate. On behalf of the NDHA, I emphasize our commitment to work with ADHA and the dental hygiene community.

When we were first approached with the idea of this conference, the dimensions seemed limitless. Our organization feels that being involved in programs such as these will open the doors of collaboration between our organizations. The NDHA has become the voice of interested minority hygienists all over the country. Our ongoing organizational projects include: scholarship fundraising, career orientation programs provided by senior members, and a courtesy membership in the Association to new graduates for one year.

Dental hygiene as a career can be both challenging and rewarding. As a member of the health profession, we have multifaceted employment opportunities that cannot be fulfilled due to the manpower shortage. Our liaison with the ADHA can be beneficial in reducing that shortage.

NDHA and ADHA have previously collaborated on a variety of activities including: the ADHA Health Initiative, the ADHA "Practice and Education Workshops," and the annual sessions of each organization.

Many new and exciting projects are occurring within the NDHA. Our annual convention will be held in Detroit, Michigan, August 6-11, 1988 at the Westin Renaissance Hotel. We invite you to participate and to strengthen our nationwide chain of growth, service, and dental awareness. Please feel free to join us. Once again, welcome from the National Dental Hygienists' Association.

INTRODUCTION: SARAH A. TURNER, RDH, BS

Beth Pelton, RDH, MS

Ms. Turner is currently the coordinator of the Department of Dental Hygiene at Hawkeye Institute of Technology in Waterloo, Iowa. She has been involved in dental hygiene education for eighteen years and is completing a Master of Science Degree from the University of Northern Iowa in Educational Psychology. Her background includes extensive involvement in dental hygiene association leadership, having served on the Iowa Board of Trustees for ten of the last eleven years including the Iowa Presidency in 1983-1984.

For the past six years, she has served ADHA as a delegate to the House of Delegates. Ms. Turner has been a participant in each of the ADHA Education and Practice Workshops since 1984. She has been asked to speak today from her perspective as a dental hygiene educator. Ms. Turner will address the impact of career recruitment on the dental hygiene educational process.

EDUCATIONAL STRUCTURE: ITS ROLE IN CAREER RECRUITMENT

Sarah Turner, RDH, BS
Coordinator, Dental Hygiene Program
Hawkeye Institute of Technology
Waterloo, IA

Declining traditional student population projections, declining dental hygiene enrollments, shrinking applicant pools, slowdown of economic growth, reduced financial aid; we are acutely aware of these dramatic terms as we observe program closure and reduction in faculty.

Today we struggle with the very real dilemma of dental hygiene career recruitment. The current statistics are shocking. They reveal that there was a 20% decline in the total number of applicants between 1976-81, while applications per school decreased 35%. The mean class size during the same period fell 9%. Even more foreboding is a further 16% reduction in class size in four-year programs.(1) If we can generalize from data of one study on attrition, both pre-entry and post-entry withdrawals are increasing and the major reason for withdrawal is a change in career interest. While more current data is not available, I doubt that the picture is brightening.

Well, now I have you all feeling absolutely bottomed out. In my other life as a Weight Watchers' leader, we call this getting the garbage out so that we can deal with positive options to change and develop strategies for success.

This conference is really exciting because together we all can build a stronger profession and develop effective strategies for career recruitment. The excitement lies in the interwoven harmony that we can create between career recruitment and educational recruitment. In order to recruit the most qualified candidates, we must provide people with the information necessary to recognize that dental hygiene is a viable, life-long career option. We must become more flexible in programming to make the educational process more attractive to students. By developing strategies in career recruitment, we will keep individuals in the profession.

As we look to the future, society at large is undergoing socio-economic, political and cultural changes that behoove us to be insightful and innovative. Changes that will impact the curriculum of the future are of great proportions and have been discussed in detail in earlier workshops. However, those that seem most pertinent include: increasing proportions of women and their changing roles, the aging of society, population changes, changing technology, consumer expectations, interest in cost containment, changing health care delivery and changing societal values.(2) Let's explore some of these factors.

The changing roles of women impact dental hygiene recruitment as they seek lifelong careers that provide achievement and recognition. Professional advancement and financial reimbursement have major impacts

on candidates' choices. In a survey of dental hygiene educators, 50% of the respondents felt that women are choosing non-traditionally female oriented occupations over dental hygiene.(1)

Dental hygiene education must realistically prepare hygienists for the varying degrees of practice and the alternative practice settings of the future. We need career recruitment to define those positions and assist in their availability. We must be honest with the students during their academic training and prepare them for a realistic job market.

Another substantial factor relates to the shift in treatment modalities from caries control to the prevention of periodontal disease. The dental hygienist must be able to "care" for the aging society in their settings, ie. rural areas, geriatric centers and hospices. What is this "care"? Does it mean just clinical skills performed to this special population group? I think not. Rather, the dental hygienist must be able to be sensitive, caring public communicators and devise means for reaching out to people. Impact? Curriculum change; career recruitment.

Another major factor relates to greater availability of education and information, which will make for a much more sophisticated health care consumer. This will proliferate a greater emphasis on disease prevention and conservation of health, which interfaces with the goals of the dental hygiene profession. Coupled with this is the change in technology, which permeates all aspects of the work world.

Cost containment is yet another factor. Spiraling health costs are as yet unresolved in dentistry. A major issue at hand is, "Can the dental hygienist, through employment in alternative practice settings or independent practice, provide quality integrated primary preventive services at a lesser cost? If so, at what impact?" Curriculum change; career recruitment.

Changing societal values have implications on the future of dental hygiene. It appears that society has placed a higher value on special population groups and on the need for equity and social justice. This is evidenced by the concern given regarding family violence, the exploitation of children and women, abuse of drugs and alcohol, and the victims of crimes.(2) Impact? Curriculum change; career recruitment.

As we look to the dental hygienist of the future, we must envision a person who is multifaceted in education and ability and is capable of visionary, expansive and integrated thinking and action. This will require possession of skills and knowledge to function in a variety of roles. Reflect on the impact of curriculum change that we've discussed. I'm sure you can see the dental hygienist as an administrator/manager, change agent, clinician, consumer advocate, educator/health promoter and researcher. In other words, the roles must not be considered as areas of specialization but as a configuration of specific responsibilities for which one is accountable.

Currently, there are 197 dental hygiene programs in the United States. A vast majority of the programs award associate degrees from community college or technical institute settings. This gives a false image of the educational preparation of the majority of dental hygienists, because most "two-year" programs require more than two years of college education.(3)

According to new ADHA statistics on AAS/AS degree programs alone, 57 programs (49%) require at least three years of education. In fact only eight programs (7%) require less than 70 semester credit hours. Are we cheating our graduates out of recognition they deserve for their accomplishments? We often raise this question. My response is to point out a dichotomous situation. Yes, most students must achieve three-plus years due to prerequisites and/or program length, or just the level of credits awarded in other programs or a decision on the part of the student to attempt to take the intensity out of the program by spreading it over three years or more.

On the other end of the spectrum, I must point out that some of the baccalaureate programs are designed to provide two years of liberal education and two years of dental hygiene education. And so, do we indeed have baccalaureate level dental hygienists entering the field with different skills and knowledge than that of the associate degree? In terms of the basic competencies for licensure, no, not at all, but in light of the value of liberal arts and the more developed individual, definitely yes.

However, the real issue at hand must be level and length of education required according to the future environment in which graduates will practice and the roles and responsibilities to be assumed. The scope and depth of the program evolves from the definition of roles and responsibilities.

Dental hygiene has come to the consensus that dental hygiene education should be knowledge based rather than technically based. We must be, as in all true professions, prepared intellectually as well as with practical experience. As so poignantly presented by Susan Miller at the 1986 ADHA Practice and Education Workshop: "How will this be translated into the establishment of an educational system? How will that system provide not only skills and credentials but prepare graduates who can be activists, who can speak out on behalf of the patients they serve, who can function in a political arena, who can participate in building a dental hygiene body of knowledge, who can assume leadership positions in the world of health care delivery?"(4)

The decision has been made. The entry level must be a minimum of the baccalaureate degree for preparation into the discipline of what, one may logically inquire? The baccalaureate must be in dental hygiene, rather than a related allied health field. The professionalization process includes attitudes about the roles and the performance of the roles and these are shaped in the educational environment. It takes time for the student to mature and for socialization to take place, for the values or unique characteristics that embody the discipline to become accepted. Dental hygiene graduates must be capable of solving

problems, making decisions, being creative and critical thinkers and exhibiting behavior guided by an internalized code of ethics of dental hygiene. I firmly believe that any specialization that the person envisions for career adaptation will take place at the graduate level.

There must be an increased emphasis in the social and behavioral sciences. Dental hygienists of the future will need to be able to develop awareness for achieving optimal levels of health and social well being. We must influence attitudes and behaviors of the individual and the community. Further there needs to be an emphasis on the personal and humanistic values in the promotion and provision of health care in a technological society.

With an increased emphasis in the social and behavioral sciences, the question arises: What of the degree itself, will it be a Bachelor of Science or of Arts in dental hygiene? While this may be a moot point for many at this juncture, I would suggest that in light of the philosophy encompassing our future roles, the Bachelor of Arts degree may best reflect our preparation.

To accomplish these changes, we must begin to allow for collaboration. We can accomplish this through educational articulation, the process of agreeing to collaborate. The two-year program will probably need to be the innovator, seeking change.(5) There will be resistance rather than acceptance to change both within the two-year and in the four-year institutions.

There will be territorialism and paternalism. There will be turfdom coupled with an "It won't work" attitude. (5) I'm sure this will be the biggest hurdle. However, as an example, the affiliation agreement with Hawkeye Institute of Technology and the University of Northern Iowa in providing the associate degree program with the basic science and general education courses proves articulation can and does work. This new concept should simply become the next rung on the ladder. There must be rationale which accompanies a proposal that responds to the mission and philosophy of two-year institutions geared to career entry at the associate level. All kinds of articulation need to occur. Existing four-year dental hygiene programs may well need the strength that two-year programs could provide. Alumni will need to network with institutions to achieve the best possible results to meet the needs of the profession.

Recalling the previous discussion that there is consensus that dental hygiene education should be knowledge based rather than technically based, we must develop a curriculum plan that subscribes to the growth of the body of knowledge that is special to the profession. Therefore, classic liberal arts does not necessarily equal an increased body of knowledge, but rather liberal arts must be interwoven with specialized practical knowledge. Further, the profession has yet to clearly delineate the specialized body of knowledge unique to the dental hygienist of the future. However, we can move in that direction given the six roles and responsibilities.

As the associate degree programs strive to form an alliance with the baccalaureate degree granting institutions, a number of benefits can be envisioned.(5) A primary benefit would be to better meet the needs of the student. Research indicates that students are concerned with four characteristics that influence their career decisions. They relate to the following job characteristics: opportunity for employment, job security, fulfillment of career goals and the work environment.(6) The curriculum must attend to these factors.

To a public demanding quality education with a cost effective price tag, the alliance is tailor made. The expectation would be for an increase in the growth and development of the faculty and the development of a stronger program. There would be an opportunity for dental hygiene faculty to develop expertise in the unique roles of the profession.

While the knowledge base expands, we can retain the clinically competent practitioner who would educate the professional dental hygienist. And one would hope research will continue on a broader scale across the country.

In general, without being able to design the specific program of study, I envision an integrated curriculum, which embodies the content related to the six roles. The design should reflect cognitive, psychomotor and affect learning throughout the four years. Perhaps we would be wise to look to the institutions that have designed a problem-based curriculum. The concept is that students meet in small tutorials and consider biomedical problems that can only be solved by acquiring and thus learning new information and skills. The advantage, according to Stephen Abrahamsen, Associate Dean for Medical Education at the University of Southern California, is the early development of clinical skills, intellectual curiosity, self-directed learning, problem-solving ability and the ability to identify and locate needed information. It sounds like just the ticket, doesn't it? At any rate, the student can begin at the two-year institution and is identified as such for purposes of tuition, financial aid and all important headcount. At the end of the two years an associate degree could be awarded, but it would not allow entry into the profession. In the final two years, the student would be enrolled at the four-year institution while still taking designated courses to be taught at the two-year campus in dental hygiene. The culmination would be of course, the Bachelors' Degree in Dental Hygiene.

I cannot over-emphasize our need to remain flexible in the development of a curriculum to meet the needs of the student. We must look toward providing an environment that is conducive to the evolution of a fully functioning professional. I feel confident that we will graduate highly competent dental hygienists who are in the process of self-actualizing and who have high regard for their professional career.

I have discussed the framework of support that the educational system can provide in career recruitment. If education is the support, then ADHA has most assuredly provided the underpinnings. In 1983, ADHA began the Dental Health Initiative to "promote oral health and to help

prevent dental disease in the American public."(7) In order to assess what needs existed and what care was not received, two "hearings on needs" were conducted in 1984. Testimony was received by an array of diverse groups. The common factors among them were an overwhelming need for preventive services and care that is cost effective with accessible delivery settings.(7) In order to assist the public with attaining and maintaining good health and thus improve the quality of life, it became apparent that the challenge would be to educate a new genre of dental hygienists who would assume a synergistic approach to preventive dental hygiene care.

ADHA has courageously adopted a mission statement that reflects the oral health needs of the American people. From that mission, the 1986 ADHA House of Delegates, representing some 30,000 dental hygienists, declared its intent to establish the baccalaureate degree as the minimum educational preparation required for entry into the profession. This policy was predicated on recommendations received from educators and practitioners across the country who participated in the ADHA Education and Practice Workshops I, II, and III.

The 1987 ADHA House of Delegates furthered the momentum by adopting strong policies to pursue all options in providing the public with quality oral health care. Policy was also adopted to support the development of articulation strategies and agreements for dental hygiene baccalaureate degrees.

Our endeavors must be comprehensive. The issues of education, licensure, accreditation, public recognition, articulation, alumni, and career recruitment must be inextricably woven toward the professionalization of dental hygiene.

We will deal with the positive options for change and we will develop strategies for success. I'm ready. How about you?

REFERENCES

1. Settimi P: Enrollment trends in two-year and four-year dental hygiene programs. Educ Directions 6(10):28, 1985.

2. Society at Large: Economics, Cultural Trends, Work Trends, Demographics and Technology. Workshop Proceedings, Dental Hygiene Education Workshop I, July 1984.

3. Mescher K: A new look at the educational preparation of dental hygienists: Exploding the myth. Dent Hyg, 58(2): 1984.

4. Realizing, Reckoning, Risking. Workshop Proceedings, Dental Hygiene Education Workshop III, February 1986.

5. Internal Forces Influencing Innovation. Conference Proceedings, Dental Hygiene Conference on Articulation, March 1987.

6. A study of perceptions influencing student applications to dental hygiene programs. American Association of Dental Schools, 1985.

7. Final report: Hearing on needs. Dental Health Initiative. American Dental Hygienists' Association, Spring 1984.

INTRODUCTION: CONNIE J. TUSSING, RDH, MBA

Beth Pelton, RDH, MS

Ms. Tussing received her Bachelor of Science Degree in Dental Hygiene and a Master of Business Administration Degree from the University of Nebraska. She has taught clinical dental hygiene for seven years and has been a private practitioner for twelve years. Connie is the Immediate Past President of the American Dental Hygienists' Association and has been integrally involved in ADHA's recruitment efforts since their inception. Connie is well aware of the relationship between career recruitment and retention, and their ultimate effect on manpower. She is here today to provide us with this perspective.

COMMUNICATING OUR PROFESSIONAL GOALS

Connie Tussing, RDH, MBA
ADHA Immediate Past President

We are all here today because we share the common concern of career recruitment for dental hygiene. Many of you are focused on thoughts about next fall's entering class--perhaps facing a situation with fewer qualified applicants than positions available. You're wondering what the future holds, will it get better or worse? Frustration, almost desperation.

I'd like to try to put those thoughts aside for a while and consider a bigger picture. Dental hygiene has existed for seventy-five years, yet the last three decades are the most crucial in understanding why we are where we are today.

The decade of the 1960s can be symbolized by one word, growth. In 1960 there were thirty dental hygiene educational programs in the United States, yet by the end of the decade there were nearly one hundred and the growth curve was still soaring upwards. The decade of the seventies is symbolized by growth and development. By the end of this decade, there were nearly 200 dental hygiene educational programs even though the number of applicants began to decline midway through the decade. It was during this decade that dental hygiene came to grips with issues such as periodontal focus versus restorative focus. We began to "feel our way" to a future, existing in an era of laissez faire. Where would we find our niche in the future?

The decade of the 1980s can be summed up in the words turmoil and change. For the first time, dental hygiene began to assume some responsibility for it's own future. We learned the hard way that no one would "take care" of dental hygiene except dental hygiene. This new attitude is reflected in a variety of efforts on the part of dental hygiene to be proactive relative to change, rather than reactive. **Legislation:** Legislative activity is the norm in most states today. Constituent organizations are pursuing changes to improve the present dental hygiene delivery system. **Accreditation:** ADHA has assumed an active role in the accreditation process. The Standards for Dental Hygiene Education have not been thoroughly reviewed or significantly revised since their inception in the 1940s. ADHA will conduct a hearing on the Standards in Seattle during the ADHA Annual Session in order to provide an opportunity for the dental hygiene community of interest to comment. **Education and Practice:** Workshops such as this one began during the eighties to address primary issues of concern. The intent is to do more than just talk about issues and problems, but to develop coordinated strategies toward resolution and improvement.

Such times are not without turmoil. Changes have been made and more are to come as a result of conscious decision-making. We've been gradually coming to grips with who we are and what we're all about. We

have developed a mission statement to communicate why we exist: "To improve the public's total health by increasing the awareness of and access to quality oral health care."

We have formalized goals for the Association relating to membership, access to care, legislation, education, research and public awareness. In addition to formally written goals, we have developed professional goals. A generally accepted goal is that of the professionalization of dental hygiene. Recent policies of ADHA are beginning to reflect our commitment to the professionalization process. We have come a long way in directing our future based on professional goals and we can't lose sight of them now in addressing recruitment or any other issue.

We desire to be able to practice to the limits of our education and abilities, and to receive proper recognition for these professional efforts. This worthy goal will be realized if it is first communicated. I know of no better way to communicate professional goals than to emulate the behavior of the desired professional end. It will take many years for us to meet all the criteria that sociologically define a profession, but today and tomorrow we can demonstrate an attitude and behavior that reflects a profession, both to ourselves and to the public. Though we may not know today all of the specific attributes that will be embodied in that professional end, we know enough to start moving in the right direction.

Our vocabulary, particularly about ourselves, must sound like a profession. The term "auxiliary" denotes a secondary or appended role. This is not consistent with our definition of the dental hygiene profession in the future, so why use the term now. Although we have improved in referring to dental hygienists, dental assistants, and dental lab technicians in their own right, there is still plenty of room to do better. The term "auxiliary personnel" conjures up an image of something expendable. I will continue to shudder every time dental hygiene is lumped into this peripheral category. I hope I never hear it from a fellow hygienist.

In our written word, professional dental hygienists "provide services," while technicians "perform functions." This technical-base verses knowledge-base language permeates today's accreditation standards document and I'm sure you can find it in numerous other documents.

> TECHNICAL dental hygienists work <u>on</u> patients.
> PROFESSIONAL dental hygienists work <u>with</u> patients.

In the verbal realm, let's explore a common introduction.
"I am Sue Smith, Dr. Miller's hygienist" (Possessive)
If we belong to anyone, at least it should be the patient and not Dr. Miller.

These individual situations may seem minor, if not petty, but all together they yield a package which sends a strong message! We need to learn how to control what that message says.

We should learn to take obvious pride in what we do. I believe this is most difficult for clinical practitioners. Often the rewards and incentives are not part of the management structure in a dental office. How often have you heard "I'm just a clinical hygienist" in an almost apologetic tone. The individual appears to be assuming inferiority to educators, researchers and others in the field.

More than ninety percent of our ranks are clinical practitioners. They are the core and the life-blood of our existence and need to display this value. Each practitioner should assume a great pride in the services they provide to the public, striving for professional excellence and gaining self-satisfaction in their daily, patient-by-patient accomplishments.

Beyond the self-image of the dental hygienist, what about our public image? Remember the opening of the film "The Preventive Professional"? It shows people on the street responding to the question "What is a dental hygienist?"

When we ask this question we must consider two issues in any answer. First, does the individual being questioned know what a dental hygienist is? And secondly, if they do know, what do they know? How are we perceived by the public? What is our public image?

-Is it technical or professional?
-Are we the dentist's helper or a preventive specialist?
-Are we the girl in the office or a business person?

First we must decide together what image we want the public to see and then develop strategies to promote that image.

Perhaps we should be glad the individuals in the film didn't know much about dental hygiene. I'm not sure I would have liked the descriptions. We still have an opportunity to solidify and promote who we are based on our professional goals.

Another issue that affects us as we consider career recruitment is that of manpower. There are widespread concerns regarding the dental hygiene manpower situation today. President Reveal formed a special ADHA Committee to study the issue and I was appointed Chair. Currently, there appear to be a number of geographic regions where the demand for dental hygiene services has exceeded the current supply of hygienists in the work force. Please notice that I did not say shortage. A few observations on this subject are relevant.

There are a significant number of dental hygienists who are no longer active in the practice of dental hygiene. The reasons are many, however, from the survey data the committee has reviewed, frequent responses relate to inadequate salary and benefits, working conditions, job security and a lack of employer respect.

I can't help but think the scenario was one of frustration on the part of the hygienist, who, after working for multiple employers and continuing to be confronted with inequitable compensation practices or

limited opportunity to practice as she or he had learned, perceived no other recourse than to leave dental hygiene.

Was a step missing? Was the hygienist armed with intervention skills to deal with what we know are typical situations? I praise the dental employers who utilize positive management techniques to create a satisfying, rewarding environment. Unfortunately, the average dental office is not replete with accepted business management principles. A dental hygiene education which includes basic management principles, negotiation, goal-setting and positive confrontation techniques may have altered an otherwise hopeless situation.

We all agree that practice management, particularly human resource management, should have greater emphasis in the dental curriculum. But what about dental hygiene? Are we going to sit back as we did in the '60s and '70s and rely on someone else to make it better? It is our responsibility and these necessary skills must be promoted soon. Promotion and education has to occur not only in the student classroom, but for active practitioners through continuing education programs. Career recruitment also implies a commitment to foster the skills and knowledge an individual must possess in order to survive in that career over the long haul.

Another observation I made relates to both manpower and recruitment. Student recruitment is career recruitment. That is, dental hygiene is a long-term commitment, not a short-term job. The February issue of Dental Hygiene contains an excellent article written by a dental hygienist in clinical practice who shares her view on student recruitment. She observes that we may have been recruiting to dental hygiene as if it were a hobby. You've heard the phrases, "Great job," "Good hours," "You can work part time," "Come and go as you need to depending on family and personal projects." Have we created a swinging door world of "Hobby Hygienists" who lack the leadership and commitment toward our longer-term professional goals?

Brenta Davis, PhD, Assistant Dean, College of Allied Health Sciences, the University of Tennessee Center for Health Sciences, addressed this issue in her presentation at a 1987 ADHA workshop entitled "Articulation: Alliances for the Future." She stated that public trust is a key in professionalization, trust on the part of the public that the services provided by the professional are in the best interest of the public. That in order to gain that trust there must be a "professional group ethos internationalized by the individual practitioner so that he feels a deep and lifelong commitment to the concepts and precepts of the profession." Have some of our former recruitment messages now come true only to haunt us as part of the problem we face in career recruitment today?

Where do we start? How do we give ourselves that boost to improve a self-image, a confused public image, and then communicate our professional goals? I suggest that we start with the obvious, ourselves, in organized segments that already exist. The closest we can ever get to the future is today. Let's start NOW.

ALUMNI GROUPS. This is perhaps the most under-utilized pool of dental hygienists as formal organizations are concerned. Alumni should take pride in their dental hygiene alma mater and stand ready to work together. Often a separate dental hygiene alumni structure does not exist. However, it is important that some regular activity or event be planned purely for dental hygiene alumni. How about a dental hygiene Alumni Day when the school brings in a speaker to motivate and enthuse the alumni. Something the school does for the Alumni. Then let them ask what they can do for you. If your alumni are happy in their career, their enthusiasm will show. Personally, I don't want a disgruntled, burnt out alumnus recruiting for the profession. Whether we admit it or not, each alumnus is either recruiting individuals into or away from dental hygiene every day.

EDUCATORS. You are a critical link in the entire chain. As role models, educators are under constant scrutiny by students and peers. Be excited about what you teach, how you teach and who you are educating. It's a difficult time to be in dental hygiene education. Pressures for scholarly activity, research and budget reductions compete with time and energy for students. Survival is sometimes the word of the day. But through it all that professional pride must shine clear. You are truly shaping the future of our profession, one student at a time.

STUDENTS. From their first advising contact until graduation the student's self-image as a dental hygienist is being formed. Student organizations can provide an excellent forum to enhance this self-image. SADHA meetings can be utilized to provide information relevant to career satisfaction, growth and pride.

CLINICAL PRACTITIONERS. You are the core of our profession. Clinicians aren't always given the credit they deserve--especially from themselves. The decision-making skills and judgement inherent in a clinical role shouldn't be minimized. The significant portion of our public image is derived from the one-on-one contact between clinical practitioners and patients.

During seminar presentations on the subject of professional image, I ask the audience who works for a female dentist? Next, I ask you if the patient's first impression of the office makes it clear as to who is the dentist, who is the hygienist and so on. Do we dress and use other non-verbal symbols that put us in a position of less significance than that inherent in our professional goals? Clinical practitioners are in a key position to effect our public image.

PROFESSIONAL ASSOCIATIONS. ADHA, constituents and components have a responsibility to promote and uphold an image of dental hygiene as determined by the members. The importance of our professional organization in communicating our goals is increasing, particularly as organized dentistry attempts to dilute our strength through such predatory tactics as offering token memberships to hygienists, all in the name of "the team." This says to me that we are succeeding in moving toward our goals, but that future barriers will be more intense than ever before.

I characterized the sixties by the word growth, the seventies by continued growth and development, the eighties by turmoil and change, a maturing of sorts. I can't conclude this presentation without giving you my perception of which words will characterize dental hygiene in the decade of the nineties. I am not yet sure, but it will be one of two words...decline or viability.

Decline is a natural evolution in the business or product life-cycle curve: introduction to growth to maturity to decline. Decline occurs if maturation is not complete or consistent with the needs and demands of the environment. Decline is actually the easier of the two to achieve, particularly if we continue some of our old ways and habits. Decline--if we continue to allow ourselves to be flagged as "auxiliaries". Decline--if we continue to allow ourselves to assume a buffer zone role in the eb and flow of the business in the dentist's appointment book. Decline--if we rely primarily on technical skills rather than a knowledge base that includes a much broader range of subject matter than is now covered in most dental hygiene curricula.

We have recognized that we cannot recruit students the way we used to or our applicant pools will continue to decline. I propose that it is no different for other aspects of our profession.

The alternative word which may describe the nineties is viability. The result of the present decade of turmoil and change could be an evolution into a true maturing, viable profession. A profession that provides a unique service to the public on its own terms and that is recognized accordingly.

The choice for viability will require directed change and commitment from all of us. Not just to the degree that is comfortable, because that won't be good enough. A viable future will require one hundred percent uncomfortable commitment.

We have come far in the past three decades, so far that the smooth, level paths of the sixties and seventies are no longer in sight. So far that the fork in the road ahead of us leaves only two choices. In one direction the path drops off a cliff, and in the other direction the path leads up a steep, rocky mountain path. That is the choice, decline or viability.

Let us each join together to insure that the term "decline" along with "auxiliary" is not in our vocabulary in the decade of the nineties. Take pride in how far we have come toward achieving our professional goals, then translate that pride into the tremendous amounts of energy that will be required to assure dental hygiene a viable role in improving the oral health of the public.

INTRODUCTION: JOSEPH ASCROFT, PHD
AB GRATAMA, PROF., GRAPHIC DESIGN

Beth Pelton, RDH, MS

For those of you who have just checked the water temperature of the pool, you should note that the heaters have been turned off until we adjourn on Sunday.

During the past few months, we've worked closely with Joe Ascroft and Ab Gratama, the conference consultants. Because of their vast experience in development support communications, I will not attempt to provide a traditional introduction. Instead I will ask that these communication experts communicate their expertise directly to you!

Joe Ascroft and Ab Gratama...

CAREER RECRUITMENT: A SOCIAL MARKETING APPROACH

Executive Summary

Joseph Ascroft, PhD and Ab Gratama, Prof., Graphic Design

The presentation on social marketing was undertaken in the context of providing conference participants a brief look into the world of commercial and social marketing. It was developed to show them what it takes to mount a successful recruitment campaign for dental hygiene career recruitment using the principles and methods of social marketing.

The format consisted of a set presentation on social marketing lasting four hours--two before and two after the lunch break--followed by a two hour session of intensive group discussions for which purpose conferees were randomly assigned to ten small groups. The group discussions, which centered on issues highlighted in the presentation, were designed to allow synthesis of the social marketing concepts presented earlier as well as to allow more people to express themselves on the issues facing dental hygiene as a profession. The social marketing presenters circulated from group to group monitoring the discussions and providing feedback where needed. Outcomes from the group discussions, including conclusions and recommended actions, were presented to the conference as a whole on the following day, each group being allowed to present their point of view individually. The exercise culminated with the social marketing specialists summarizing and commenting upon the group conclusions and suggesting courses of future dental hygiene career recruitment action.

The essence of the set presentation by the social marketing specialists was to demonstrate the modus operandi of marketing and its utility for the dental hygiene career recruitment objectives. Two forms of marketing were initially contrasted: commercial marketing, which is dedicated to the profit motive and is known mainly for its expertise in selling commercial products to the public, and social marketing, which is concerned with providing professional services in the not-for-profit domain of the national economy and is less well known as a means of using marketing techniques to satisfy social needs. Social marketing is derived from commercial marketing. Therefore, during the presentation, commercial marketing techniques were demonstrated using the Coca Cola Bottling Company as a case in point followed by showing the parallelism of social marketing techniques using dental hygiene as a case study.

The presentation started with an effort to show that marketing is the art of creating popular awareness and comprehension of a product such as Coca Cola or a service such as dental hygiene by creating appropriate images and positioning those images in appropriate places in the consumer's mind. The principle underlying this notion is that nobody is going to buy Coke unless he or she knows about it. There are two dimensions of knowing about any product: 1) awareness knowledge, which consists of merely knowing of the existence of a given product and not much else and 2) comprehension knowledge, which consists of having knowledge about a product--its purpose and functions, its

characteristics and properties, how, when and where to use it. Both dimensions enable the consumer to decide whether or not to buy the product. Marketing's primary task consists of creating reliable awareness followed by accurate comprehension in targeted consumers.

The way to achieve this end is through the creation of mental images of the product in the minds of targeted consumers. Image creation is the art of designing, testing and implanting symbolic along with corresponding visual representations of any given product in the minds of intended consumers. It requires that the product be amenable to representation both symbolically and visually, for it is these two representations, and not the actual physical product itself, which will be most often used communicationally in marketing campaigns. The symbolic representation of the product consists of an identifying name ("Coca Cola" or "Coke") which enables one to speak of or ask for it; and its visual representation consists of the product's picture or drawing or icon (a can, bottle or glass of coke) which can be used in place of the real-live product on posters and brochures or in commercial advertisements. These two representations are like two sides of the same coin and are used together in campaigns to create a consistent, unambiguous image of a given product in the minds of intended consumers.

An image is a visually-based mental picture of a product or service that people carry around in their heads and which they recall whenever the product's name or symbolic representation is mentioned. Creating accurate mental images in the minds of targeted consumers is the core activity of marketing, it is the first and most fundamental step toward creating product awareness and comprehension. Coke's success in promoting its product has depended on its ability to create a world-wide common image of its product which varies little from country to country. It recognizes that if people do not know about its product or have only some hazy idea about it, then it is unlikely that they will opt for it.

The term *dental hygiene* is easy enough to identify as the dental hygiene profession's symbolic representation. However, an analysis of both official and unofficial dental hygiene records, documents and publications has failed to unveil any consistently used visual representation of the profession's ultimate product, the dental hygienist. With only the symbolic representation to go by, the tendency is likely to be for the term "dental hygienist" to ring familiarly in the ears of potential recruits but to evoke no consistent dental hygiene image in their minds--a sort of half awareness created by a one-sided coin. Small wonder that still fewer show any interest in opting for dental hygiene as a career. Creating a consistent, unambiguous image of dental hygiene in the minds of potential recruits was thus presented at the Conference as the first hurdle to overcome in the quest for recruitment.

Image creation is only one part of the equation: the other, image positioning, is the art of conceptualizing newly created images by locating them alongside other related images already in the consumers mind, thereby completing the cycle of awareness creation. The image of

coca cola must be broadly located on that mental shelf of the consumer reserved for beverages. So far as dental hygiene is concerned, however, no purposive efforts to locate the profession in its appropriate niche in the public psyche was found. On the contrary, there existed abundant evidence in dental hygiene publications and elsewhere to show that an unintended and patently erroneous positioning had indeed occurred. It appeared that dental hygiene has been positioned with another closely allied profession, dental assisting, and located in the assistant's position *behind* the dentist. Compounding this mispositioning was the *dental* part of the dental hygiene symbolic representation which narrowed dental hygiene's image to the care of only teeth rather than broadening it to total preventive oral health care. Thus, not only does dental hygiene lack a consistent image, whatever image it does have is positioned in some other profession's place.

Image creation and positioning are the necessary ingredients for producing successful product or service awareness. To move toward comprehension, the image needs to be expanded. Image expansion is the art of embellishing newly created and positioned images via the addition of detailed information which addresses the purposes and functions, characteristics and properties and appropriate uses in terms of time and place for utilization of the product. Coke's image expansion activities might focus upon their product's thirst-quenching properties, its socializing purposes, or its functions as a mixer for alcoholic drinks. It might feature its product in the context of a variety of occasions and events such as hot days, festive occasions, sports events or cocktail parties when it is presumably most appropriate to indulge in coke. Raising the knowledge level about a product or service from simple awareness to complete comprehension of its complexities is, therefore, the cumulative outcome of successful image expansion and is a necessary stage in an individual's process of deciding whether or not to adopt that practice or service.

In so far as dental hygiene is concerned, little evidence of systematic image expansion was found save for a number of inchoate efforts to establish dental hygiene positions other than its primary one. Little information is known about the fact that dental hygiene is a profession in its own right, which can potentially exist without sole dependency on dentists, or that it engages in outreach programs for special populations outside the offices of dentists. This information about dental hygiene, up to this point, has been sporadically communicated to the public.

In a nutshell, then, the social marketing of the dental hygiene concept for recruitment purposes consists of:

-creating and positioning in the minds of targeted recruitment groups a standard image of dental hygiene,

-combining a symbolic and visual representation to create awareness of the existence of dental hygiene as a profession, followed by

-expansion of the image to create uniform comprehension of its properties, functions and purposes to

-enable people to make an informed decision whether or not to pursue dental hygiene as a career.

The small group reports and discussions of these issues indicated that most of the conferees had successfully internalized the social marketing concepts. They seemed to see clearly how dental hygiene, in general, and its recruitment campaign in particular, could benefit from the systematic application of social marketing principles and techniques. They saw the shortcomings inherent in the profession's current name and the lack of a consistent visual image to represent the oral health specialist, and suggested that the latter may be remedied by displaying, to the extent possible, the dental hygiene specialist in some kind of uniform manner.

CAREER RECRUITMENT: A SOCIAL MARKETING APPROACH

Joseph Ascroft, PhD

The following information is presented to highlight basic marketing concepts and activities. It was developed to provide the reader with an overview of social marketing and its relationship to dental hygiene career recruitment.

A Comparison of Marketing and Social Marketing

Commercial Marketing: The Make Profit Motive
The motive of commercial marketing is to make a monetary profit. This type of marketing is a system of interrelated activities designed to develop, price promote and distribute goods and services to groups of customers. In most cases, commercial marketing attempts to generate profits from the sale of goods and services created to fill customer needs. It is concerned with the movement of goods and services from the point of production to the final customer. Commercial marketing generally involves, but is not limited to, manufactured products, such as, toothbrushes, dentifrices and mouthrinses.

Social Marketing: The Do Good Motive
Social marketing is predicated on the motive to do good. It is different from commercial marketing in substance and objective but not in methodology.(1) Marketing conferences, workshops and journals increasingly devote time, commentary and space to the extension of marketing beyond the profit sector of the economy. Examples of the not for profit sector include groups such as professional and or community service organizations.(2) Promoting dental hygiene as a profession for the purpose of gaining recruits is an undertaking of social marketing, since its initial purpose is to do some good to a person looking for a viable career choice.

* * * * *

The Commercial Marketing Concept
The commercial marketing concept is a management orientation that holds that the key task of the organization is to determine the needs and wants of target markets (consumers) and adapt the organization to satisfy the needs and wants more effectively than can its competitors.(3) The commercial marketing concept is based upon the philosophy that the consumer's interest is the starting point, if not the major focus, from which all planning takes place. All strategies must be based on known consumer needs.(4) Commercial marketing is a response that reflects genuine concern for the consumers interest, rather than a manipulation of consumer interests.(5)

* * * * *

Needs Versus Wants

Needs
Needs are products or services that are essential for human survival or social welfare. Examples of product needs are food, medicine or shelter while services needs may include health care, food distribution and sanitization.

Wants
Wants are products or services that are nonessential to human or social welfare although they may be perceived to enhance the quality of life. Examples of wants include products such as candy, cosmetics and alcohol, while services may include restaurants, entertainment and travel.

A commercial marketing concept which addresses needs is the recent development of anti-microbial oral products designed to control periodontal disease.

The Social Marketing Concept
While the commercial marketing concept focuses on the needs and wants of targeted consumers, social marketing is concerned with the use of marketing techniques to satisfy social needs.(5) The social marketing concept is used to alter existing social action efforts so that they are more effectively designed and communicated.(6) A career is a social need. If people do not know about dental hygiene as a possible way of satisfying a career need, how can they opt for it as a career?

Social marketing concept supports the design, implementation, and control of programs seeking to increase the acceptability of a social idea or cause in a target group(s).(7) This indeed is what dental hygiene ought to be doing, increasing the acceptability of dental hygiene as a career to those groups which are targeted for the purpose.

The ADHA/NDHA recruitment conference was based upon the concept of social marketing. Conference presenters identified a need for recruiting dental hygienists from a variety of target populations. In this case the *social idea or cause* was the notion of becoming a dental hygienist, while the *target group* referred to the diverse group of potential dental hygiene recruits.

Social marketing seeks to determine and satisfy long-run consumer need and public welfare. The dental hygiene career recruitment effort is based upon the notion of accommodating the long-range needs of student consumers by offering them the opportunity to choose a life long profession by providing them with consistent and accurate information. This career recruitment effort would also benefit public welfare by facilitating the development of a dental hygiene work force that is prepared to meet the oral health care needs of society.

* * * * *

Market Segmentation

Market segmentation is a technique where targeted consumers are grouped or segmented according to identified product or service needs or wants. At the ADHA/NDHA recruitment conference, presenters identified a variety of population groups as the primary segments which should be considered in the dental hygiene recruitment effort. Information was also provided regarding the needs and wants of each target group. Potential target segments included the:

1. Traditional Students (ages 16-21)
2. Nontraditional Students (ages 25-40)
3. Prospective Students (grades 3-8)

The market was further segmented according to gender and sociocultural minorities. It was intended that gender and sociocultural minorities would not be identified as single markets, but rather integral components of the target groups segmented by age. The gender and sociocultural minorities to be integrated within each market segment, included the:

1. Male Population
2. Hispanic Population
3. Black Population

* * * * *

Marketing versus Selling

Marketing and selling are significantly different terms which are often erroneously interchanged. Selling is a one way process which attempts to persuade the consumer *to want what the seller has to offer*. The selling orientation is primarily concerned with promoting the interests of the seller. In the case of recruitment, individuals who recruit for the sole purpose of satisfying their own needs (ie., filling class size) exemplify a selling orientation to recruitment because they are focusing on the needs of the seller (recruiter) rather than focusing on the needs of the consumer (recruit).

Marketing is more concerned with satisfying the needs of the consumer. The marketing orientation, which is a two-way process, seeks to determine the needs/wants of a market segment and adapts, modifies or creates a product or service designed to satisfy those needs/wants.(8) The marketing approach to career recruitment requires that information about and individuals potential career needs be identified and then to determine if dental hygiene, as a career, can fulfill those needs. If the individuals needs regarding a career option match those variables offered by dental hygiene, the recruiter then communicates that notion to the recruit. If the career cannot fulfill the consumers needs, the recruiter is required to determine if there are variables that can be reasonably adapted so that the career can better satisfy those needs. For example, the recruit may be interested in becoming a dental hygienist (the product), but can only do so if training can be pursued in the evening or on weekends. It would be the recruiters charge to determine if the

educational process could be modified to meet those needs. On the other hand, if dental hygiene does not fulfill a given individuals career needs, continued efforts to recruit that individual may likely result in trying to fit a square peg to round hole.

The Advocacy Function of Marketing

Commercial marketers are paid to advocate on behalf of given products and services even though other competing products and services in the market may be just as good. Social marketers must be careful not to promote one product to the exclusion of others, as this is redolent of selling rather than marketing. The dental hygiene recruiter should simply provide clear, well presented information about dental hygiene as a viable career option. The potential recruit will make a career decision based upon the extent to which aspects of the all career alternatives (products) match his/her needs. To say it another way, every dental hygienist should advocate on behalf of dental hygiene whenever the opportunity presents itself but ought not to do so at the expense of running down a competing career such as, nursing or dental assisting.

* * * * *

Exchange Theory

Exchange theory is variously described as the *heart*, the *core concept* and the *cornerstone* of marketing. It involves all the activities associated with receiving something from someone by giving something in return.(9) Exchange theory is based upon the act of obtaining a desired object from someone by offering something in return.(10) In the case of dental hygiene, what is being offered is a viable life long career. In return dental hygiene hopes to get a new lifelong committed member of the profession, thus swelling it numbers, longevity and clout in the public arena.

Transactions

Transactions are acts of commercial exchange, the primary unit of which is *price*. Although price is usually measured in monetary terms, it can also reflect sociocultural outcomes (or prices). Marketing is specifically concerned with how transactions are created, stimulated, facilitated, and valued.(10) The *price* dental hygiene extracts from its recruits is measured both in coin (education does not come free of charge), in up to four years of hard course work and in the dedicated professionalism required of the dental hygiene person to maintain the ethics and dignity of the profession.

Social Exchange

All enduring social relations involve transactions which involve an exchange aspect.(11) A transaction takes place when a person decides to watch a television program, he is exchanging his time for entertainment; when a person votes for a particular candidate, he is exchanging his time and support for expectations a of better governmental official; when a person gives money to charity, he is exchanging money for a good conscience or perhaps a tax deduction.(12) Thus the dental hygiene recruit who exercises his or her option to join the profession is exchanging his or her time, energy and

finances in the expectation of a bona fide remunerative career that will provide adequate and satisfying support for as long as he/she needs it. It is, therefore, imperative that too rosy a picture not be painted of the profession. Such misrepresentation is bound to backfire in the long run, causing the profession damaging loss of credibility.

* * * * *

Promotion

Promotional campaigns are based upon the delivery of a marketing message which includes the product, product name, packaging, pricing and method of distribution.(13) A promotional campaign consists of five communicative strategies including but not limited to advertising, personal selling, consultative selling, public relations, point-of-sale displays and distribution. At the recruitment conference in Orlando, a potential network of dental hygiene human resources was identified. This network consisted of dental hygiene alumni groups, educators, practitioners, students, ADHA (including national, constituent and components groups) and the NDHA. This network of dental hygienists has great potential for implementing all aspects of the promotional campaign.

Advertising

The most ubiquitous form of promotion is aimed at providing information to the masses. It serves such functions as informing, persuading, reminding and adding value. Creative advertising is simply the act of giving consumers the kind of information they need to motivate themselves to buy a particular product, service or idea. The only safe guidelines for advertising are those that stress that the message should be based on consumer needs, and that the message should be honest, clear and interesting. It need not involve expensive mass media commercials. Strategically located flyers mailed out to the hooves of potential recruits, handed out in schools or piggybacked commercial oral hygiene products all qualify as advertising.

Personal Selling

Personal selling involves one-to-one relationships and is the art of successfully persuading customers to buy products or services from which they can derive benefits.(14) The salesperson determines what the consumer's needs are and adapts his or her presentation to demonstrate how the product or service can satisfy those needs.(5) Personal selling is obviously a dental hygiene strength to be exploited. Each dental hygienist should make every effort to spend at least one day out of every month armed with support materials, visiting segmented audiences in schools or wherever recruits can be contacted in numbers.

Consultative Salespersons

Consultative salespersons are concerned with the sum total of the client's needs. The consultative salesperson is able to offer broad systems of product and service benefits.(15)

In the case of dental hygiene career recruitment, the individual who provides a broad range of information about dental hygiene is acting in this capacity. For example, the recruit may require information regarding the scope of practice, educational process, financial aid and or licensure. By providing comprehensive information, the recruiter is able to serve the sum total needs of the (client) recruit. Potential recruits should be furnished with 800 numbers which they can call to get in touch with such a salesperson capable of answering questions across a wide variety of topics pertaining to any part of dental hygiene.

Public Relations

Public relations serves to supplement advertising and sales promotion by creating product awareness, building favorable attitudes toward an organization and its products and encouraging purchase behavior.(16) In the case of recruitment, ADHA's public relations activities would serve to supplement advertising and sales promotion by making dental hygienists more visible (creating product awareness) building favorable attitudes toward the profession (the organization) and dental hygienists (the products) and encourage individuals to choose dental hygiene as a life long career (encourage purchase behavior). Promoting goodwill with an organizations various publics is public relation's over-arching function.(16)

Public relations differs from marketing in that it disseminates messages to all types of publics in the marketing environment including government regulators consumer advocates etc., while marketing is specifically oriented toward communicating with targeted consumers. It should be noted that public relations specialists are often called upon to help in the marketing effort by writing product publicity stories or news releases and by arranging media coverage of new products.(17)

Point-of-Sale

The point of sale is where people consciously go to make their decision about a product or service. It serves as the capstone for an integrated promotional program when used in conjunction with other marketing communications.(16)

In the case of recruitment, the point of sale is the place where the recruit goes to consciously make a career choice. Most high schools, colleges and universities have designated areas and people where potential recruits can go to for career advice and information. This is the point-of-sale of dental hygiene materials including posters, brochures, etc. If the point-of-sale (career advisor) lacks dental hygiene information, then dental hygiene will not be available as a career choice.

Distribution

Distribution is related to where, when and by whom the goods and services can be offered for sale.(18) In the case of career recruitment, the *goods and services* refer to information about dental hygiene, while the *sale* would refer to the recruit's choice to pursue dental hygiene as a career. All materials produced for distribution will do no good, as is often the case in nonprofit organizations, if left to gather dust on some soon-forgotten shelf.

* * * * *

High Involvement Products or Services

High involvement purchases/decisions are purchases/decisions that are important to the consumer. Such purchases/decisions are closely tied to the consumer's ego or self-image. They also involve some risk to the consumer such as financial risk (highly priced items), social risk, (the wrong decision might cause some concern or anxiety). In these cases, it is worth the consumers time and energies to consider alternatives very carefully. Low involvement purchases/decisions are not as important to the consumer. Financial, social and psychological risks are not nearly as great. Therefore, a low involvement purchase/decision generally entails a limited process of decision-making.(19)

A career choice is definitively a high involvement decision (one with high financial and social risk involvement). Therefore, it is important for the successful recruiter not only to provide clear, related messages about dental hygiene as a career, but to exercise as much patience as possible when answering questions and providing follow-up feedback. The recruiter should generally show obvious concern about the decision she/he is striving to bring about in the mind of a potential recruit.

Social Needs

Since social needs are associated with human welfare and survival, they generally require high involvement decision-making, which entails some perceived risk. In this sense, decision-makers seek information and carefully evaluate the available product or service choices. This supports the need for providing a variety of clear, congruent messages. In the high involvement cases, attitude precedes behavior; the main impact of promotion is on the development of awareness and knowledge of the product, while additional personal selling is necessary to generate behavior. In the low involvement cases, advertising directly affects behavior (at least in the short run) due to the absence of well-informed attitude structure.(20)

* * * * *

The Product Image

Attributes of the product, such as its packaging and even its brand name, communicate an image in the consumer's mind and thus become part of the product. In the case of dental hygiene recruitment, the product is the dental hygienist. Packaging refers to the dental hygienists' appearance/attire (lab coat, blue mask, etc.). The brand name is what the profession calls its self, dental hygiene. A product image is a mental image in the mind of the public. (5)

The product image in dental hygiene recruitment is the recruits mental image that he/she has about dental hygiene as a profession. The purpose of social marketing is to insure that the mental image is as accurate as possible and represents what dental hygiene is all about without distortion or error.

Image Creation
Creating an accurate mental image of a product or service in the minds of the consumer is a core activity of marketing. The image is formed to a large degree by promotional activities. The key to a successful marketing strategy is the development of promotional stimuli capable of creating a mental image of a product or service that is relevant to their needs. This is indeed the challenge dental hygiene has so far failed to meet. Its image is still too confused with that of the dental assistant standing at the elbow of the dentist.

As dental hygiene recruits prepare for making a decision about career choice, it is important that they possess a consistent mental image of the dental hygiene profession. To this end, it is necessary for the dental hygiene profession to develop promotional stimuli capable of creating such an image. Promotional stimuli are communications that represent the product symbolically and visually.

A symbolic representation consists of a sign, word or phrase which stands for, or labels the product. Usually, the symbolic representation bears no physical resemblance to the product for which it stands. Example: The phrase *Coca Cola* is a symbolic representation of the real thing. The words do not physically resemble Coke. Similarly, the phrase *dental hygienists* represents a certain profession symbolically, not physically.

A visual representation consists of a picture, drawing, sculpture or icon which identifies a product by exhibiting its likeness or abstracting its essence in some recognizable way. It not only stands for the real thing but tends to look like it. Example: A picture of a can, bottle or glass of Coke *looks* like what it stands for without actually being Coke: You can't drink the picture. So too is a picture of a dental hygienists in a typical regalia visually representative of the real thing because it resembles it.

The Image
The image is the internalized, committed-to-memory version of the product. Locked away from public view, it is the private possession of each individual and may, therefore, differ more or less markedly from person to person. Recall of this in-the-mind image is triggered by mention or sight of the symbolic and or visual representation which represent it. Thus, the image is comprised of two associated dimensions: one visual and the other symbolic. A proper and useful dental hygiene image is created in the minds of potential recruit when the correct symbol is associated with its corresponding visual representation and the two together accurately represents the real thing.

Image Positioning
Image positioning is the strategy of establishing a location for a product in the mind of the consumer relative to other competitive or similar product offerings. Image positioning refers to the location of the product in its *genus proxima* (the general class of category of other products to which it belongs which is already in the consumers mind). The selection of a positioning strategy involves identifying competitors, relevant attributes, competitor positions and market segments.(21) Positioning is done through promotion on a number of different bases, including positioning on specific

product features, on benefits, on problem solutions, on needs, for specific usage, for user categories, against another product, on dissociating it with other products of its class, or on hybrid bases involving more than one of the foregoing positions.(22)

The term *dental hygiene* tends to create its own position in the public's mind. Dental ties it to dentist and hygiene to sanitary health practices which adds up to somebody who takes care of the sanitary side of dental care. Often the image of a dental hygiene professional is positioned behind or in the shadow of a dentist who is limited to sanitary dental care only, and not the total preventive oral health care that dental hygiene claims.

Thus, by virtue of dental hygienes present symbolic representation (name), any image which may have inadvertently developed in the minds of consumers is most probably positioned with dentistry. This positioning is inappropriate because dentistry does not accurately reflect the essence of dental hygiene. Two alternatives to correct this image: the simplest is to change the name so that it no longer creates the wrong image and positioning. The more complex is to mount a national campaign to explain that dental really means oral and that hygiene really means more than just cleanliness--obviously a more difficult task.

Product or Service Awareness
Product or service awareness is the simple outcome of promotional activities resulting in the successful creation and positioning of an image replete with symbolic and visual dimension of a given product of service in the minds of a segmented group of consumers. In the case of dental hygiene career recruitment awareness about dental hygiene would be stimulated by promotional activities which communicate dental hygiene's image and position it appropriately.

An Awareness Gap
An awareness gap exists when an imminently satisfiable need or want goes begging because the consumer is unaware of the existence of an appropriate product or service to satisfy that need or want. Closing this awareness gap is the business of promotion.

An awareness gap in dental hygiene career recruitment exists when potential recruits are unaware that the profession of dental hygiene exists as a viable career option. An awareness gap which may also exist is that potential recruits may possess inaccurate information about the profession. Posters, flyers and spot ads are among the most useful ways of promoting awareness to close the gap.

Image Expansion
Image expansion consists of adding to the image information which details the characteristics, properties, qualifications, attributes, functions, purposes, goals and so on of a given product or service. Once the dental hygiene image is more accurately depicted and positioned, it will be necessary to create promotional activities aimed at providing information about the benefits of the profession and the role of the dental hygienist. These activities would be aimed at expanding the image of dental hygiene. In other words, providing the

consumer with more information about a known or unknown entity. Brochures and more powerfully face-to-face contacts in question-and-answer formats between potential recruits and dental hygiene professionals are the most useful ways to image expansion.

Product or Service Comprehension
Product or service comprehension is the cumulative outcome of successful image expansion whereby the image is fleshed out, raising simple awareness of the product or service to the level of understanding of its value to the consumer, therefore, enabling the consumer to make informed decisions. In social marketing, comprehension is the ultimate goal. It is reached when the recruit is finally in possession of all the information necessary for him and her to make an informed, but efficient decision either to opt for dental hygiene as for some other career.

A Comprehension Gap
A comprehension gap exists when an imminently satisfiable need or want goes begging because the consumer is aware of the existence of an appropriate product or service to satisfy that need or want but lacks detailed information to enable that consumer to make an informed evaluation on which to base a decision. Promotional activities are required to close this comprehension gap. In the case of dental hygiene career recruitment, the potential recruit may be aware that the dental hygiene profession exists as a career option, but may not posses the information needed to adequately consider the profession as a career option. Research available to dental hygiene planners suggest that many potential recruits are not in possession of simple awareness of dental hygiene and of those who are, most do not comprehend the profession well enough to make such a high involvement decision as a career choice. It may be concluded, therefore, that dental hygiene is probably loosing out to other more aggressive professions which carry through their promotion activities all the way to decision-making comprehension.

Communication Materials Gap
A materials gap exists when there are no communication materials upon which to base promotional activities. Materials which consistently project and position the dental hygiene image are needed to support promotional activities designed to close the awareness and comprehension gaps in dental hygiene career recruitment. Materials include poster, flyers, handout, brochures and point-of-sale displays. They also include slide sets, video tapes or flip charts to be used in conjunction with personal selling.

Producing Communication Materials
The process of producing communication materials mentioned above is part science, part art and part craft. It is not something that can be done by amateurs however well intentions are. It requires the services of talented people such as graphic artists, photographers and the like. And it requires the work of craftsmen such as printers, lithographers, audio visual and electronics specialists. All of these specialties are usually part and parcel of marketing management without which useful social marketing is probably not viable.

* * * * *

Marketing Management

Marketing management is the analysis, planning, implementation, and control of marketing decisions in the areas of product offering, distribution, promotion and pricing. Its purpose is to encourage and facilitate mutually satisfactory exchanges that meet organizational objectives.(9)

The Marketing Mix
The marketing mix is the specific collection of actions employed by an organization to stimulate acceptance of its ideas, products or services basic functions include: product development, packaging, pricing, promotion, advertising, selection of channels of distribution, physical handling and personal selling.

Behind the commercial that is broadcast and behind the advertisement that appears skill, business judgement, organizational talent, exceptional ability and creative inspiration. Markets must be analyzed, product concepts defined, products developed, packages designed, brand names selected, copy written, illustrations conceived and rendered, material produced, sales forecast, budgets set, media selected, and the entire program executed.(13)

Successful marketing practitioners do understand what makes consumers tick and reflect this understanding by constructing communication stimuli (such as advertisements, personal sales messages, and sales promotions) that consumers attend to, understand, remember and ultimately use in making consumption choices.(16)

Marketing Research
Marketing research intrudes into every area of company operation--from the product to the sales force to the advertising campaign; from the name to the package; from the manufacturer to the distributor to the consumer herself. If there is one outstanding feature that characterizes the success of the contemporary American Marketing enterprise. It is reliance on marketing research. It is pervasive because it is an essential ingredient for successful marketing.(13)

Needs Assessment Research
Needs assessment research is the method of systematically gathering information from samples of population segments targeted for attention in order to determine the precise nature of needs and wants inadequately satisfied or still needing to be satisfied.

Message-Making Research
Commercial marketers do not leave message-making to chance or personal opinion: they trust rather on market research. They specifically seek answers to such questions as:

Can the benefits in the product or service be successfully encoded?
Does the consumer decode the message as intended by sender?
Are the selected media effective in reaching defined audience segments?
Does exposure to the message lead to acceptance purchase of the product?(19)

Awareness and Comprehension Testing

The fact that people have been exposed to promotional stimuli such as advertisements, commercials, posters, brochures, sales pitches or point-of-sale displays does not guarantee that intended images have been created and positioned and appropriated awareness and comprehension created. This determination must be made via systematic feedback gathering research in which each piece of material stimulus designed is tested for efficacy and efficiency.

Social Marketing:

The art of creating popular

Awareness and Comprehension

of a product (dental hygiene) via

Image Creation and Positioning

in the minds of the consumer (the potential dental hygiene recruit).

Image Creation:

The art of designing, testing and implanting

Symbolic Representations

along with corresponding

Visual Representations

of any given

Product (dental hygiene)

in the minds of specified markets (potential recruits).

Image Positioning:

The art of contextualizing newly created images

by locating them together with other already in-the-mind cognitions

with which they are to be related

thereby completing the cycle of

Awareness Creation

which is the simple outcome of successful

image creation and positioning of a given product.

Image Expansion

The art of adding to newly created images

detailed information relevant to the uses, purposes, properties and

functions of a given product

thereby raising the level of simple awareness to

Comprehension Creation

which is the cumulative outcome of successful image expansion

whereby the individual is enabled to make informed adoption

decisions.

Social marketing consists of **creating** and **positioning**, in the cognitions of specifically targeted audiences, standard **images** combining **visual** and **symbolic** representations of any given **object or service** to create awareness of that object or service and the systematic **expansion** of that image in the context of its position with the objective of creating uniform **comprehension** of its properties, purposes and functions.

BIBLIOGRAPHY

1. Manoff RK: Social Marketing. New York: Praeger, 1985.

2. Gaedek RM: Marketing in private and public nonprofit organizations. Perspectives and Illustrations. Santa Monica, CA: Goodyear, 1977.

3. Kotler P: Marketing Management. 4th ed. Englewood Cliffs, NJ: Prentice-Hall, 1980.

4. Assael H: Consumer Behavior and Marketing Action. Boston: Kent Publishing, 1981.

5. Nickels WG: Marketing Communication and Promotion. Columbus: Grid Publishing, 1980.

6. Kotler P and Zaltman G: Social marketing: An approach to planning social change. J Marketing, 35: 3-12, July 1971.

7. Kotler P: Social marketing of health behavior. Marketing Health Behavior. Frederiksen, Solomon and Brehony (eds). NY: Plenum Press, 1984.

8. Levitt T: The Marketing Mode. New York: McGraw-Hill, 1969.

9. Kinnear TC and Bernhardt KL: Principles of Marketing. Dallas: Scott, Foresman and Comp., 1983.

10. Kotler P: Principles of Marketing. Englewood Cliffs, N J: Prentice-Hall, 1980.

11. Belshaw CS: Traditional Exchange and Modern Markets. Englewood Cliffs, NJ: Prentice-Hall, 1965.

12. Kotler P: Marketing for nonprofit organizations. Englewood Cliffs, NJ: Prentice-Hall, 1975.

13. Runyan KE: Advertising and the Practice of Marketing. London: Charles E. Merrill, 1979.

14. Shapiro IJ: Dictionary of Marketing Terms. 4th ed. Totowa, NJ: Rowman and Littlefield, 1981.

15. Hanan M, Cribbin J and Heiser H: Consultative selling. U.S.: American Management, 1970.

16. Shimp TA and DeLozier WM: Promotion Management and Marketing Communications. NY: Dryden Press, 1986.

17. Cutlip SM, Center AH and Bloom GM: Effective Public Relations. 6th ed. Englewood Cliffs, NJ: Prentice-Hall, 1985.

18. McCarthy JE, with assistance from Andrew AB: Basic Marketing. 7th ed. Homewood, IL: Richard D. Irwin, 1981.

19. Assael H: Consumer Behavior and Marketing Action. 2nd ed. Boston: Kent Publishing, 1984.

20. Rothschild ML: Marketing communication in nonbusiness situations, or why it's so hard to sell brotherhood like soap. J Marketing, 23: 11-12, Spring 1979.

21. Luck DJ and Ferrell OC: Marketing Strategy and Plans. 2nd ed. Englewood Cliffs, NJ: Prentice-Hall, 1985.

22. Wind YJ: Product Policy: Concepts, Methods and Strategy. Reading MA: Addison-Westley, 1982.

INTRODUCTION: EXPLORING HUMAN RESOURCES PAPER PRESENTATION SERIES

Beth Pelton, RDH, MS

A great deal of discussion has occurred regarding the need to effectively utilize both our fiscal and human resources. Individuals representing different affiliations have been brought together to present information about the rich human resource network of potential dental hygiene career recruiters that exists within the dental hygiene community.

INTRODUCTION: PAMELA ZARKOWSKI, RDH, MPH

Beth Pelton, RDH, MS

Pamela Zarkowski, RDH, MPH, is currently an Associate Professor in the Dental Hygiene Department at the University of Detroit, School of Dentistry.

She is a graduate of the Dental Hygiene Program at the University of Michigan School of Dentistry and the Dental Public Health Program in the School of Public Health. She has served as a member and Secretary of the Executive Board of the University of Michigan Dental Hygiene Alumni Association. In 1984-85 she served as President of that Association. During her tenure, she initiated a program which annually recognizes an outstanding dental hygiene alumnae from the University of Michigan Department of Dental Hygiene. The award is given to outstanding clinicians, researchers, public health dental hygienists, educators or individuals who have contributed significantly to the profession of dental hygiene. She is currently serving her second term as the only dental hygiene member of the University of Michigan School of Dentistry Visiting Committee and has been nominated to serve as Chairman of that group for the 1988-89 term.

Professor Zarkowski has been active in state and national dental hygiene activities. She is currently Editor of The Bulletin of the Michigan Dental Hygienists' Association. She served as Chairman of the ADHA Commission for the Assurance of Competence as well as a member of the Editorial Review Board for Dental Hygiene, the journal of the American Dental Hygienists' Association. She is currently Chair Elect of the Dental Hygiene Section of the American Association of Dental Schools and a consultant of the American Dental Association Commission on Accreditation. She will be completing a Juris Doctorate Degree at Wayne State University Law School in December 1988.

ALUMNI GROUPS: THE RECRUITMENT CONNECTION

Pamela Zarkowski, RDH, MPH
University of Detroit
School of Dentistry
Detroit, MI

Alumni associations provide a valuable resource for recruitment, a resource that is only recently beginning to be recognized and tapped. Alumni can be a program's best advocate or worst enemy. That is, alumni may speak very highly of their alma mater, quick to recommend it as the source of an outstanding education or the beginning of a greater career. At the same time, many alumni, for different reasons, have developed a bitter attitude about the institution they attended, and prove to be an adversary rather than a friend. Dental hygiene programs must seek out the friends and develop an improved relationship with the foes. The focus of this conference is recruitment and retention, and as with many other projects initiated by ADHA, is a forward thinking agenda in today's applicant market. It is critical to recognize that recruitment and retention can be accomplished using a four prong approach: alumni, educators, students and practitioners. The role of alumni groups and their unique potential is the thrust of this presentation.

Alumni are a forgotten resource. A review of the literature showed limited reference material discussing alumni and recruitment.(1) The changing applicant pool for professional programs is discussed in the literature with more frequency.(2) Recent literature, primarily the dental literature, mentions the role of alumni groups in recruitment activities or discusses the dental profession's efforts to recruit, as reflected in the ADA Select program.(3,4) However, the sparse literature references are understandable because the emphasis on recruitment has traditionally been limited to the arena of educational literature. The information presented is based on the review of the literature available, discussions with dental hygiene programs throughout the country and with individuals involved in alumni groups not related to dental hygiene or dentistry.

In the fall of 1987, ADHA conducted a survey asking dental hygiene education program directors to answer a few questions about alumni groups. Of the 200 programs surveyed, 16 returned completed questionnaires. Of those, only 9 indicated that they had alumni groups. One questions whether this a reflection of the low priority dental hygiene alumni are given or a reflection of the fact that people dislike completing surveys.

Dental Hygiene Groups: An Overview

During the course of my discussions with various programs, common threads about alumni groups became evident. The alumni activities described were most frequently part of a newsletter. Newsletters were quarterly, yearly, or part of an alumni bulletin. Institutions without regular newsletters had, on occasion, a special mailing or provided

information as part of an alumni day, homecoming, continuing education program or similar activity.

The alumni groups are structured in a variety of ways. One can guess the mix of groups based on the number and location of dental hygiene programs throughout the United States. Quite frequently, the alumni groups consisted of a board composed of alumni who conducted the activities including developing the newsletter, planning activities, selecting or electing board members and in a sense, guiding the direction the alumni groups were taking. In some instances there was a faculty liaison, but this was not always the case. In the programs affiliated with dental schools, a few dental hygiene alumni had their own group, or if a dental alumni group existed, dental hygienists were members and worked jointly on some alumni activities or planned separate but concurrent activities. Some groups had a long history whereas other alumni groups were still in the developing stages.

Overview of Alumni Activities

Prior to making suggestions about the potential role of alumni groups in recruitment activities, it is helpful to review some of the current alumni group activities.(5) The following is a summary of the activities that were frequently mentioned.

1. Social - Activities with a social emphasis are the most common. This is the primary goal of many alumni groups. Social activities include meetings, dinners, luncheons and related activities. Newsletters which focus on the social aspects include announcements about alumni, for example, marriages, children, specific news about alumni, such as jobs, degrees or other personal accomplishments, letters, comments and invitations. Newsletters frequently only include announcements about alumni.

2. Update - Update is considered a broader category than social. Updates are part of a newsletter or included in state journal announcements or alumni bulletins. The update includes announcements about faculty, alumni, curriculum changes or institutional announcements, for example, expansion, new clinic facilities and research.

3. Educational - Groups with an educational emphasis include, as part of their newsletter or activities, continuing education programs, self study reprints, satellite continuing education seminars, article reprints by members of the alumni group or institutional faculty or alumni articles including practice tips, editorials, etc. A newsletter or bulletin may also include an announcement about alumni or homecoming activities that include educational programs, table clinics and related activities.

4. Fund Raising - The basic goal is requesting monetary support or donations for scholarship programs, emergency loan funds, or equipment and capital needs. Alumni activities with a fund raising aspect may in some instances be aimed solely at the dental hygiene program. General solicitations for money donations may go to all alumni of an

institution with an invitation to target monetary support to a particular school or program.

5. Institutional - The aim is primarily a look at the institution including curriculum, faculty recruitment, faculty news and views, faculty expertise, photographs of various activities, or photographs of alumni involved in activities connected with the institution. Those institutions with an institutional focus appeared as a public relations tool with broad reader interest.

6. Recruitment - Three types of alumni recruitment categories became apparent: 1) Programs that did not address this issue with their alumni. 2) Programs that were beginning to recognize the need to make alumni aware of their needs in terms of qualified applicants or changing enrollment patterns. 3) More ambitious activities ranged from including information about recruitment in alumni mailings, for example, "if you want brochures about the program, contact the program," to active involvement of alumni in recruitment activities, for example, training programs to aid alumni in planning and giving career presentations. An example of a well developed program is one in which the institution divides the state into districts, each district is represented by a member on the alumni board and that individual is responsible for identifying two individuals within their district who serve as recruiters and work with the institution to conduct career presentations. A milder acknowledgement of recruitment need is reflected in short announcements asking for the names of qualified applicants or similar pleas.(6)

7. Retention - Specific activities to encourage retaining dental hygienists within the profession were not mentioned very frequently. Certain activities which did occur could fall under the generic title of retention programs although the activity may not be perceived as a retention project. For example, a program inviting alumni involved in alternative practice settings, or those who had pursued advanced degrees to participate in alumni days as a guest speaker or with a feature article for a newsletter. One could argue this would help all alumni to recognize the potential within dental hygiene and have, in a sense, role models. However, efforts on the part of the institution other than maintaining a job file or job network of some type were discussed infrequently.

Certain questions immediately come to mind: Why are some programs or institutions without an alumni group for any of the reasons mentioned? If a group currently exists, what are their goals? Do their goals include recruitment activities? Why has this resource remained untapped? A simple answer may be that the potential role of alumni as a resource has gone unrecognized. In the past, significant numbers of dental hygiene applicants appeared. Students entered a program unrecruited, were educated, graduated and became alumni. There was no need to get the alumni involved except in social activities and an interest was never cultivated by either the institution or the alumni. The situation should change, and the alumni groups must be included as part of a unified approach.

Recommendations

The following are recommendations to build on the potential person power and energy of alumni in the recruitment arena.

1. Assess the alumni groups within each state. The practitioners and professional associations should identify those institutions with alumni groups and discover who they are, their composition, their goals and objectives and begin developing an awareness of their potential as partners in recruitment and retention. Although the focus of an alumni group is aimed at a specific institution and its goals, awareness is the first step.

2. Contact and communication. The alumni groups should be contacted, whether by practitioners or faculty affiliated with a particular institution and the goals and objectives of the groups reviewed. These groups may welcome some interest in their activities, or they themselves may have some suggestions about activities in which they could be involved. The time has come to update the focus of alumni groups. Just as dental hygiene has been on the forefront of many activities, redefining the role of dental hygiene alumni is still another pioneering step. If the groups are never approached and their goals and objectives never updated, change will not occur and the value of the groups will continue to go unrecognized. The literature frequently mentions that alumni should be involved in recruitment. At the same time little is said how or when or why. Involvement of alumni requires careful planning and cooperation among all involved to guarantee participation on a level which is useful to recruitment and retention activities. However, prior to suggesting various alumni recruitment activities, one should begin by asking if their alumni are aware of the trends in dental hygiene recruitment? Is the institution doing a good job of updating and keeping its alumni aware of all the factors affecting dental hygiene education? I would suggest that most institutions assume that alumni know the situation, and most alumni, in a naive sense, believe the institution is maintaining status quo just as it was when they attended school.

Communication--consistent and creative communication--is necessary. Redirecting or expanding the emphasis of the alumni group is an important step. Once alumni are aware of the current state of affairs, their possible roles can be explored and identified. Simple steps can be taken, such as distributing pins which state, "Ask me about a Career in Dental Hygiene." A next step may be to have alumni serve as recruiters for dental hygiene education programs. Their role should not be limited to career talks, but must be expanded. Alumni must be educated to expand their recruitment activities beyond the traditional student population to the nontraditional student. Who and where the nontraditional students are is an important aspect of alumni education. Alumni can serve as liaison between the institution and the professional community. They also can work with students within the program in a mentoring role which can be a rewarding aspect of their association with a particular program and aid them in their recruitment activities. Mentoring provides a strong connection between practitioners and the students, and those involved benefit on all

levels. Each suggestion offered provides another step of alumni activities aimed at recruitment. Alumni are a valuable resource that should not be ignored.

A change or redefinition of alumni activities may be met with some questions, but what better way to begin a dialogue and make the alumni aware of institutional needs and resources. Alumni input and energy coupled with program needs and resources can prove to be an excellent liaison.

3. Students: Future Alumni. One must not forget the role of students as future alumni. All too frequently on June 1 the individual enrolled is a student and on June 5 they are alumni. It is not an easy transition. Having alumni activities sponsored or hosted by alumni groups for students is one suggestion, but also getting students involved in recruitment activities and planting the seed for that role as future alumni and recruiters is just as critical. Educating students to become an advocate of dental hygiene is an important part of their educational experience.

4. Updating. It is very likely that alumni groups will not change in certain program or institutional settings. The current focus of an alumni group may be the one with which the group is most comfortable and thus is not interested in changing their direction. Alumni frequently perceive the problems with recruitment as an institutional issue and one in which they need not involve themselves. Although it may not be their wish currently to get involved in certain recruitment or retention activities, consistent interaction and updating is suggested to begin to build an interest. It can be labeled as informational or professional liaison. The interaction can be between faculty and the group, or the state professional association, for example, the alumni group forwarding a copy of their newsletter to the professional association and the professional association offering to make announcements concerning alumni activities in their publications.

5. Alumni Group: Nonexistent. As both practitioners and educators, the biggest challenge exists in developing alumni groups within institutions where they do not currently exist. This provides ripe territory for developing a group that will include within their charge recruitment and retention. Practitioners can initiate the process by contacting their alma mater and working with the faculty to contact alumni. Faculty can also serve as the impetus.

6. Career retention. Lack of career retention is again a vestige of the past. The student graduated, received a quality education, became alumni and, the institution assumed, lived happily ever after. Programs in many disciplines are frequently asked to justify their existence. Although continuing education is useful to alumni, one must recognize that we need to keep the best and the brightest as members of the profession in the profession. There is not enough time to discuss dental hygiene burnout, or the members of our profession who have left and those considering leaving. Practitioners, educators and alumni groups must work together to retain and maintain.

Conclusion

It is always easy for a speaker to offer advice, or develop a list of do's and don'ts. It is impressive to see the range of activities currently ongoing in dental hygiene programs throughout the country. Many sponsor programs for their alumni that are creative, enjoyable and educational. A second focus is frequently service to students, such as career presentations, luncheons, welcome get togethers, gifts, honorary memberships, scholarships and loans. A third focus emphasizes accomplishments of faculty, or recognition that the alumni of an institution are unique by inviting honored alumni back, naming an outstanding alumnus yearly, supporting certain graduates in their community projects and related activities. What should change initially is the isolation in which many alumni groups function. The graduates wear the pin of their alma mater, or display their graduation certificate or, when asked, quickly identify their "school." Let us tap this pool and recognize their current and future contributions to the dental hygiene community and its goal to recruit and retain.

REFERENCES

1. Bodden WP: Recruit highly qualified students: A proposal for a special American College of Dentists Foundation Project. J Dent Educ 53(Spring):20, 1986.

2. Watson S, Meyer A and Wotman: Factors affecting applications to professional schools of six professions (medicine, dentistry, nursing, law, social work and public health). J Dent Educ 51(3): 130, 1987.

3. Abbot BJ, et al: Dental school recruitment. J Dent Educ 48(12): 645, 1987.

4. Rees EL and Harmon DW: Select - a national program to attract highly qualified individuals to careers in dentistry. J Dent Educ 51(2):87, 1987.

5. Personal Communication, Telephone interviews with dental hygiene programs/respondents to ADHA survey on alumni groups. January-February 1988.

6. Overman P: Letter from the director. The Explorer nv(Autumn):27, 1985.

INTRODUCTION: SUSAN MERCIER, RDH, MED

Beth Pelton, RDH, MS

Susan Mercier is affiliated with the Dental Hygiene Department in the School of Allied Health Sciences at the University of Vermont. She received undergraduate degrees in Dental Hygiene and Human Development. She also holds a Master of Science Degree in Education from the University of Vermont.

During the past 17 years, Susan has been employed in private practice, dental hygiene education, educational administration and has held numerous elected offices in professional and community organizations. Currently she is President-elect of the Vermont Dental Hygienists' Association. In addition to teaching, Susan is responsible for the administration of a student recruitment program for the Department of Dental Hygiene and the School of Allied Health Sciences at the University of Vermont.

ORCHESTRATING DENTAL HYGIENE CAREER RECRUITMENT: AN EDUCATOR'S PERSPECTIVE

Susan M. Mercier, RDH, M.Ed
Department of Dental Hygiene
University of Vermont
Burlington, VT

I am pleased to have the opportunity to share career recruitment perspectives and experiences with dental hygiene professionals from many parts of the country. It was exciting to watch ADHA's focus on educational recruitment evolve to the broader scope of career recruitment. Congratulations to ADHA and NDHA for recognizing the career recruitment issue and creating this conference. And further congratulations to you the participants for taking the time to attend, network and for making a commitment to dental hygiene career recruitment. Please applaud yourselves.

During the 1980s our profession has made positive strides toward making a significant difference in the public's access to dental health care. We have been successful in educating consumers to seek and practice preventive dental hygiene care--so successful that in many regions of the country the consumer demand surpasses the supply of professional services. Meeting consumer needs and demands requires the dental hygiene profession to grow by increasing the number of qualified dental hygienists in the nation.

The purpose of this presentation is to discuss how dental hygiene educators fit into the career recruitment process by providing information about dental hygiene educators and highlighting what they can and should contribute.

It is difficult to define what or who a dental hygiene educator is, since all dental hygienists are educators. However, for purposes of this presentation, I will define a dental hygiene educator as one who is employed by an institution of higher education. An individual who is involved in the academic preparation of dental hygienists or involved in scholarly activity and service related to dental hygiene education.

Dental Hygiene Educators: Who and Where Are They?

The exact number of registered dental hygienists in the United States is debatable. The figures range from 45,000 to 100,000.(1,2) Because of these discrepancies, ADHA is currently looking into a method to determine the total number of dental hygiene professionals in the country. ADHA conservatively estimates that there are 1,500 educators employed in approximately 200 educational programs. Most are Caucasian females with a median age of 35 years. Their academic backgrounds range from associate to doctoral degree preparation, while the majority hold Master of Science Degrees.(3) Dental hygiene educators are located in all 50 states, primarily in metropolitan areas.

Educators have access to a wide variety of potential students including both the traditional secondary school student and the nontraditional adult student with varying degrees of higher educational background. In addition, educators have access to populations that can influence prospective students such as alumni groups, other health professionals, public school teachers, career counselors and community organizations.

The college or university site offers a wide variety of valuable support staff and informational systems which include computers, software programs, telephones and libraries, making it an informational clearinghouse. The educational setting site is permanent and well known by community members. This site affords dental hygiene educators a perfect opportunity to share resources with dental hygiene practitioners at a recognizable location.

Dental hygiene educators employed by colleges and universities are expected to serve their profession as well as teach and be involved in scholarly activity. What better service could we contribute than to help nurture a future generation of dental hygiene professionals through career recruitment activities?

Educators have a strong background in communications, organization, career counseling and curriculum design. However, we lack constant, direct access to the public. For that reason we need the support of dental hygiene practitioners to help us maintain our focus on career recruitment. Together we can promote the dental hygiene profession.

What Dental Hygiene Educators Can And Should Contribute

Educators must actively seek out current dental hygiene practitioners who are interested in career recruitment. Collectively, we have the responsibility to foster a career and educational environment that attracts and retains new members. This requires us to move out of our educational houses and work with practitioners and other educators to form and implement an intensified career recruitment plan. We need to listen to and learn from each other. We need a pro-active, partnership approach--one that unifies dental hygienists who have expertise in clinical practice, public health, education, administration and business. No matter in what dental hygiene setting we participate, we are all dental hygiene educators. We must use this skill and work together to educate the public about our profession--about who we are and what we do.

Since educators and practitioners are located in all 50 states, we can and should contribute to this plan by organizing local and regional recruitment programs that will blanket the country. These programs should include members of dental hygiene alumni groups, dental and dental hygiene state or constituent associations, legislators and admission and career counselors. Educators need to provide the information and resources needed when possible so that these networks can be formed.

According to principles of economics, educators are positioned in the middle of student supply and employment/consumer demand. We provide the avenue on which potential students must successfully drive to their employment destination. We must listen to and be responsive to today's diversified student while meeting consumer need. For example, on the student side, we must learn how to access, apply for and work with financial aid programs. Curriculums need to be evaluated and designed with flexibility to accommodate the high school student as well as the adult student.(4) On the consumer side, we must graduate enough dental hygiene professionals to provide preventive dental hygiene services to the public.

A sound recruitment program includes substantial retention considerations. Therefore, concentration on retaining students and graduate hygienists by offering non-academic supportive programs in addition to challenging, quality undergraduate and graduate academic courses is mandatory.(5) Focus on career retention activities may be the logical progression from this conference. In fact, career retention may be a needed topic for a future ADHA workshop.

Lastly, it is essential that dental hygiene educators take advantage of their communication skills and access to individuals, community groups, science teachers, guidance counselors and other health professionals. We need positive professional visibility to perpetuate our profession.

REFERENCES

1. Fifth Report to the President and Congress on the Status of Health Personnel in the United States. United States Department of Health and Human Services. March 1986.

2. Dental hygiene: 75 and going strong. Dental Teamwork, p. 45. Jan-Feb. 1988.

3. Mescher K and Brine P: Academic status of dental hygiene faculty. Dental Hygiene 55(5):20, 1981.

4. Kraemer LG: Dental hygiene entry dilemma: An issue of prestige, image and professional credibility. Dental Hygiene 59(3):120, 1985.

5. Noel L, Levitz R and Saluri D: Increasing Student Retention. San Francisco: Josey-Bass, 1987, p. 3.

INTRODUCTION: SHEILA HOOPLE, RDH, BS, MED

Beth Pelton, RDH, MS

Sheila Hoople received a Bachelor of Science Degree in 1964 and Master of Education Degree in 1975 from the University of Washington. Since graduation, she has been associated with a private practice specializing in periodontics. For the past two years she has participated in a practice specializing in periodontics and restorative dentistry where she provides clinical periodontal and restorative patient services.

From 1967-1981, while in private practice, she was an educator at the University of Washington, Department of Dental Hygiene. She taught a variety of courses in the dental hygiene undergraduate and graduate programs.

Sheila has been actively involved in dental hygiene component, constituent and national organizations since graduation, serving as an elected officer and in committee chair and committee member capacities. She currently serves as an examiner for the Washington State Dental Hygiene Examining Committee.

In addition, Sheila has presented numerous continuing education courses in the United States and Canada.

CATCH 22

Sheila Hoople, RDH, BS, MED
Department of Dental Hygiene
University of Washington
School of Dentistry
Seattle, WA

I am concerned about the future of dental hygiene. I have heard hygienists express feelings of frustration, of futility, of concern and of anger relevant to their employment and working relationships. I see complacency across the country among dental hygiene practitioners who do not, indeed choose not to, become involved in their chosen profession of dental hygiene, feeling no threat to themselves or to dental hygiene. I see division among dental hygiene educators and practitioners relevant to the dental hygiene educational process, the length of the educational programs and the competency level of our dental hygiene graduates. I see dental hygiene practitioners eager to be "supervised," assuming that others are responsible for all patient care performed by themselves, rather than recognizing the fact that each individual is legally responsible for what they do or do not do.

The issues which may impact upon our existence and future involve several factors, all intertwined, all requiring a global vision of dental hygiene. Moreover, their resolution, depending upon our resolve, will require a nationally united, sacrificing endeavor on the part of all hygienists including educators, alumni groups, practicing hygienists, students, ADHA, NDHA and interested health organizations and specialists. We as an identified group may be at risk from an existence standpoint because we are becoming a perceived territorial, economic and psychological threat.

We speak of the problems with decreased educational applicant pools, lack of funding for our dental hygiene programs and increased care attrition rates for dental hygiene practitioners. I believe we are in a catch 22 quagmire. I will discuss several reasons why I believe this statement to be true.

DENTAL HYGIENE PRACTITIONER/RECRUITMENT:

The dental hygiene private practitioner is one of the main recruitment forces within our profession. Practitioners comprise, approximately 86% of our peers and have access to many aspects of the public, including all economic strata, nationalities, races and professional groups.(1) Practitioners represent the profession to the public by their actions, knowledge, communication, appearance and their expertise in delivering patient care to the public. The practitioner is the primary individual who creates and earns respect for dental hygiene.

The competence level of dental hygienists varies across the country and from state to state. Competence level variance is influenced by personal integrity, practice act restrictions, competence level of our

educators, educational performance expectations of dental hygiene programs and, unfortunately, professional orientation (or lack thereof), and knowledge base of the dental employers.

Several questions must be asked relevant to practitioner recruitment efforts. Are private practitioners aware of their responsibility for recruitment? Are they aware that they serve as a recruitment role model through their interactions with the public? More importantly, are hygienists recruiting for their profession? Why should hygienists recruit for dental hygiene as a profession? Hygienists must feel psychologically comfortable and positive concerning dental hygiene if they are going to honestly promote dental hygiene to the public. We must look at dental hygiene practice environments, our current educational system requirements and expectations, and our career advancement opportunities if we are going to understand the problems facing our profession now and in the future.

EDUCATION:

Conflict exists among dental hygiene educators--those prophesying two-year versus four-year programs. It seems ironic to me that this debate exists. When our four-year institutions are systematically eliminated or threatened, it jeopardies our future as recognized health care providers.

The public and other recognized professionals generally give increased credence to individuals with academic credentials. Yet many of our peers continue to be protective of their domain and promote two-(three)-year versus four-year programs. Admittedly, academic credentials may not equate with competence or excellence. The fact remains, however, that the academic credentials are respected, recognized and pursued by individuals in our society in order to help insure advancement and prosperity.

Ironically, the two-year proponents in our profession take their toll from an economic, psychological, physiological and academic degree allocation point of view. Many of our two-year programs require one year of prerequisite courses prior to acceptance into their curriculum (33%), granting an associate degree for three years of college achievement.(2) Our four-year institutions grant a baccalaureate degree in four years. If an associate degree student seeks to obtain a baccalaureate degree after graduation, they must, at some institutions, take another 90 credit hours (two year equivalency), to obtain the aforementioned credential. Under different educational systems and requirements these same individuals could have obtained a masters degree in five years instead of a bachelors degree. Moreover, they could have specialized in an area of interest complementary to health care delivery and dental hygiene. How costly to the students, the taxpayers and the educational process! What a waste of everyone's resources!

COMPETENCE LEVEL:

I have heard and continue to hear that graduates from dental hygiene programs are entry level practitioners, safe beginners. Why is this our educational achievement level? What is an entry level practitioner or safe beginner? Where, when and how will the education of these graduates continue? Are we, by implication, saying that their dental employer will assume the responsibility for completing our graduates' education to the final dental hygiene practitioner product? Have educators accepted a mind set establishing minimum performance levels in order to encompass all students rather than setting the performance expectations at a level which insures that graduates will be able to recognize, evaluate and perform patient services according to identified systemic and oral needs? Have our educators unconsciously complied with a preconceived concept of the time duration that is required to educate a dental hygienist which is unrealistic in 33% of our institutions by at least one year? Have legislative funding constraints established the curriculum duration, even though it is inadequate? Has this been accepted and promoted by our educators and graduate hygienists as the norm even though our baccalaureate programs are becoming an endangered species? Are the performance and competence expectations metered to the length of the dental hygiene program rather than the length of time required to educate a competent practitioner for the benefit of the public? Perhaps we should reevaluate our current and future educational system and make every endeavor to extend our programs to four years or longer, allocating the corresponding degree for educational achievements on behalf of the student and the public.

SHORTAGE OF HYGIENISTS:

In various parts of the country there is a shortage of hygienists to meet the needs of the dental employers and their patients. Some individuals will debate the statement that there is a "shortage" of licensed hygienists, but rather state that there is a distribution and access to care problem. Regardless of the validity of either statement, one must consider the fact that there are dental hygiene positions which remain vacant.

Additionally, there are national variances in the state practice acts defining legal dental hygiene practice. If allowed to continue, this factor will inhibit efforts to establish national reciprocity or create a unified profession of dental hygiene.

It is easy to see that the "shortage" problem, does not lie solely in the area of decreased enrollment, reduced academically inclined student pool, or scholarship funding. Rather, the "shortage problem" reflects a pyramid of problems facing our profession.

There are multiple reasons which explain why dental hygienists might leave the profession. Some of the reasons expressed by hygienists in Washington include: "burned-out," pregnancy, family responsibilities, dental attitudes, employer treats staff poorly, inappropriate salaries,

lack of benefits and financial security, poor quality of dentistry, and staff performing illegal functions.(3) It is significant to note that about 90% of these justifications relate to employment and practice environment factors.

Increasing enrollment will not remedy practitioner attrition, since employment environment and problems abound. School funding must be improved but will not remedy the opportunities for financial, intellectual growth and advancement. The hygienist, for example, has not been permitted to own her/his own practice in most practice environments. A vested interest or sense of accountability has not been created. Most hygienists are not allowed to treatment plan for dental hygiene/patients. Inroads must be made to modify these conditions.

Perhaps dental hygiene is being promoted as an interim career, as a means to accomplish other career goals. I wonder whether dental hygiene educators, practicing hygienists and dentists portray dental hygiene as a means to earn income on a part-time basis. Indeed the notion of dental hygiene as a part-time career is perceived by some as one of the benefits even though the prevalence of this perceived "benefit" may complicate the achievement of our future goals as a recognized profession.

The "burn-out syndrome," mentioned by some hygienists, may be due to the constraints of current practice environments, prevalent "supervisory" mind sets and our limited scope of practice. All of which are propagated by our unified inaction and the powerful dominance of the dental profession.

Dental hygiene can and must extend beyond its historical treatment motifs by expanding its philosophies toward a more holistic treatment approach. This extension of dental hygiene thinking and treatment parameters must be achieved if dental hygiene is to realize and meet the oral health care needs of the public.

PROFESSIONAL RESPECT:

Dental hygienists are still not nationally recognized by the public relevant to who they are, what they do or what potential they may have for serving the public. We may not have the professional respect we feel we deserve. The question remains, "Do we deserve the respect we believe we deserve?" A person does not deserve respect just because of their degrees, or mere presence. A person earns respect from others through demonstrated actions and achievements.

In order for clinical hygienists to earn a place in the minds of the public, we must demonstrate that we are a vital, identifiable asset in health care delivery. We must demonstrate our present and potential expertise nationwide and with a magnitude that cannot be refuted.

Speaking from a clinical standpoint, dental hygienists must: utilize complete medical and dental histories in order to develop thorough

treatment plans, perform thorough examinations and provide appropriate documentation, recognize possible systemic conditions and diseases impacting upon the patient's health, perform treatment procedures well beyond minimum competence standards and remove/recontour all etiological factors compromising the integrity of the periodontium.

We as a group must demonstrate our credibility and our worth to the public and other professional groups. We must demonstrate that we deserve professional status. We must make every effort as educators and practicing hygienists to instill in our students and peers that professionalism goes beyond the stated word; that a professional is an individual who excels in the performance of all procedures within their scope of practice. Moreover, that a professional is an individual who actively participates in the growth and direction of the profession to which they belong.

COMPETITIVE CAREER ALTERNATIVES:

We desire intelligent, adept individuals in our educational programs. Yet our applicant pool is reportedly less academically inclined and fewer in numbers. Some reasons may be attributed to competitive employment opportunities in other disciplines which offer higher reimbursement for knowledge, skills and services rendered. Women have the world before them. They can now pursue educational and career opportunities which were previously available only to men. They can now choose their future if they are willing to expend the effort and have the desire.

What do we recruit for in dental hygiene across the country? Recruit for opportunities to be a health care professional who can serve the public? YES. Recruit for financial prosperity? MAYBE. Recruit for job security and employment benefits? NOT PREVALENTLY. Recruit for an opportunity to be independent and provide for career advancement and innovation in health care delivery in the private practice environment? NOT LIKELY. We are in competition for qualified individuals and must expend all energies to insure that the profession of dental hygiene is and will be a competitive career choice.

RECOMMENDATIONS:

1. Continue national education of and communication with hygienists, supportive professionals and organizations, ADHA members, NDHA members, alumni groups, students and educators relevant to the problems facing dental hygiene, the responsibilities of each individual relevant to recruitment, the necessary legislative activities which must occur and the necessity for insuring competence and dental hygiene standards of practice.

2. Encourage all dental hygiene educators: to be members of their professional organization, provide a role modeling environment for students, become actively involved in solving the problems facing dental hygiene.

3. Educational Considerations: We must achieve unification in our educational concepts relevant to the education of dental hygienists, creating realistic curriculum length and allocation of earned credentials. We must prevent the demise of our four-year programs and work toward their reestablishment. We must revise our traditional curricula to insure the relevancy of all courses and provide specialization pathways for students in identified interest areas, including pathology, immunology, genetics, nutrition, administration, computer sciences, research, microbiology, public health and political sciences. We must encourage undergraduate and graduate courses for dental hygiene students, dental students, dentists and dental hygiene faculty which teach team concepts of patient care delivery, techniques of staff relationships and the principles of interpersonal relationships.

4. Legislative Efforts: We must continue to communicate with hygienists across the country relevant to the need for legislative changes which must be initiated and achieved in order to establish uniformity in the scope of practice throughout the country. We must educate hygienists that legislative change does not necessarily equate with independent practice. Furthermore, we must establish Dental Hygiene Licensing Boards across the country to help insure the competence of our practitioners and the safety of the public.

5. We must work to require that all individuals performing dental hygiene procedures be licensed as hygienists through dental hygiene licensing examinations.

6. Establishment of Clinical Competence: We must encourage and/or sponsor clinical and didactic courses, with hands-on learning opportunities, for practicing hygienists to help insure existing competence and continuing competence of all practicing hygienists.

7. We must work to achieve periodic relicensing examination of practicing hygienists in order to help assure continuing competence of dental hygienists and insure the protection of the public. Continuing education should be mandatory for relicensure, however, credit allocation should be based on knowledge and/or skill acquisition as determined through valid testing procedures.

8. We must have a synchronous, congruently planned approach spearheaded by ADHA, to initiate federal, state and component efforts by hygienists and health organizations to recognize and begin working to eradicate/modify the problems facing dental hygiene.

9. We must encourage ongoing cooperation between educators and private practitioners to create a mutual understanding of the problems facing dental hygiene.

REFERENCES

1. Practices and Procedures Survey. American Dental Hygienists' Association, July 1986.

2. Wayman D: Issues arising from growth patterns in dental hygiene education. Report submitted by Chairman, Standing Committee of Dental Hygiene Directors.

3. Washington State Dental Hygiene Surveys, 1981, 1987. Washington State Dental Hygienists' Association.

INTRODUCTION: LILLIAN J. FELICIANI, RDH

Beth Pelton, RDH, MS

Lillian received a Certificate in Dental Hygiene from Montgomery County Community College in 1980. She practices in both a periodontal and general practice in the Philadelphia area and is enrolled in the Post-Certificate Degree program at Thomas Jefferson University, specializing in education.

Lillian's involvement in dental hygiene education goes beyond her role as a student. She has served as Chairman of the Advisory Committee to the Dental Hygiene Department at Montgomery City Community College and as a selected member of their Accreditation Review Board. She was instrumental in establishing the Dental Hygiene Alumni Association at Montgomery City Community College.

DEVELOPING THE STUDENT AS A VALUABLE RECRUITER

Lillian J. Feliciani, RDH
Post-Certificate Program
Thomas Jefferson University
Philadelphia, Pennsylvania

INTRODUCTION

I look upon this workshop as a national task force that has assembled hygienists who will expect to exchange various perspectives on the issue of recruitment for the future growth of our profession. My contribution towards the success of this seminar will specifically highlight the value of the "student" as a recruiter in the design of improved marketing skills within the recruitment network.

Careful review of documented surveys conducted lend support to the student as a reliable source in that those contracts made with friends who are already involved in hygiene programs have the greatest impact on new applicants searching dental hygiene as a career choice.(1) Subsequently, the student may be a very lucrative agent to groom, since it appears to be more successful in comparison to those applicants who have elected to research their direction through career counseling departments of their high schools.

Issues that need to be addressed in development of the student recruiter are first, examining the "needs" of the applicant; second, recognition of the desirable "attributes" of the student as a recruiter; and third, "selection" and "articulation" of the appropriate student with respect to the classification of the applicant.

As a current baccalaureate candidate, my goal in participating in this workshop is to utilize the information I learn and implement the material within an independent study course to develop an improved student recruitment plan when reaching various applicant groups.

DISCUSSION

Why is this effort necessary? I am certain that we are soon approaching an innovative rise in changing curriculums among dental hygiene programs, foremost in the four year level. This may precipitate a possible shift of the present clinical activity for the expansion of specialized tracks to effectively mainstream into the future functions of dental hygiene.(2) Students actively enrolled in these pilot programs, will be the most valuable source of counseling for interested applicants who have not only a desire to be a member of the health care team, but an aggressive need to advance in the profession. While the pensive applicant is sifting through the career references, the true message that is conveyed is the enthusiasm that the student recruiter displays for the growth possibilities in their selected vocation.

Consequently, a current student stimulating the interests of a prospective student has to become a new direction for marketing the image of dental hygiene!

DESIGN

As we construct a recruitment design, we must categorize the target applicants with respect to their immediate needs before we can activate our motivational skills.(3,4)

The applicant is uniquely defined as traditional or non-traditional. For the purpose of this presentation the "traditional" applicant may be classified as any school student between junior high level and college age in search of beginning a new career. Whereas the "non-traditional" student may be any interested applicant who has decided to re-enter the academic arena with interests in exploring a new or alternative career in collaboration with personal and family responsibilities. In addition, this category may also include currently licensed hygienists interested in attaining higher education in dental hygiene practices.

I have developed a list (Figure 1) of perceivable needs of the traditional and non-traditional applicant for review. There is importance to the attempted order in that priorities differ among the compared groups. The information base that guided construction of this list was a summarized effort of various references dealing with identification of student "needs" and proper articulation of institutional settings.(5,6,3,4) The assembly of priority was further designed by informal interviewing of students in addition to the support of references furnished. This should provide some essential guidelines when recruitment efforts are tailored to the appropriate target groups.

These "needs" should lend support to the second area of focus, which are the unique qualities that the "student" recruiter holds when establishing an effective presentation.(Figure 2)

Five key strengths of the student are: (1) "peer identification, in which the recruiter can easily empathize with the applicant's concerns and fears as a new student; (2) "enthusiasm," because the recruiter displays a message of excitement about their new career while lending guidance to the applicant; (3) "knowledge of career growth" on the part of the student recruiter allows the applicant to explore alternative practices in hygiene; (4) as an "academic resource", the recruiter holds invaluable hindsight for transfer and scheduling experiences as a student themselves. And last, (5) the recruiter can be a "personal advisor" as the applicant anticipates small but critical concerns that develop during the academic preparation.

Now that the needs of the applicant have been assessed, as well as the attributes of the student recruiter, a strategic plan must be exercised to implement a recruitment network that can become more successful. How do these recruiters reach these target groups? With a lack of documentation on the success rate of past recruitment attempts, there presented a need to brainstorm ideas with fellow students on how we can employ both innovative and successful techniques when exposed to prospective applicant groups.

When addressing the "traditional student," the need arose to specialize the recruitment approach and activities to match the knowledge base of that target age. (Figure 3)

In recognition of the fact that junior high school age includes nine years through fourteen years, I suggest that a broad scope of the image of dental hygiene is a good start when attempting to introduce career exposure. This will hopefully eliminate the ambiguity of our profession earlier, before students will need to seriously decide on a career.(1) In conjunction with this plan, a person of this age level will be greatly influenced by visual media that creates a powerful connection of the image they see and how they picture themselves into the reality.(5) If visual advertisement has proven to be successful enough to sell products through attractive imagery, then maybe our marketing has not been creating the impact it ought to. These activities can be successfully performed by either first or second year dental hygiene students as a community health project alone or inadvertently with dental health activities.

In contrast, a few alterations may be necessary when our applicant is in the range between fourteen years and seventeen years of age. By this time, prospective applicants have narrowed their choices of career direction already and their interests have shifted to campus selection, job image and opportunity, as well as socially attractive environments.(1,3,7,4) Now it appears to be necessary for the recruiter, preferably a post-certificate dental hygiene student, to present the attractive components of their campus through an open house activity. This has previously been a highly influential tool in the marketing of institutions to the applicant.(5) In meeting the needs of personal advising and peer identification, the inclusion of a telephone network can be constructed to enhance communication between applicants' inquiries and resourceful hygiene students by way of counselor connection.

Career brochures are always effective in providing applicants with pertinent facts about a program as well as admission request information.(5) We might want to scrutinize how the image of our profession is perceived when an indecisive applicant formulates an opinion based on this representation of the institution.

Management of a new target group has been the scope of revising recruitment and advising techniques employed in the past.(8,2) Not only is the student recruiter essential to the traditional high school students, but can be highly influential when the needs of the non-traditional student must be met. With this in mind, we may also come to realize that the retention rate of mature non-traditional students can be higher, thereby producing responsible and caring candidates for the future of our profession.(2)

Referring back to Figure 1, these applicants carry different needs due to their personal experiences and family commitments. All previously mentioned recruitment tactics may be inappropriately suitable for this applicant pool. Recruiting the non-traditional applicant will require more innovation by employing activities that will inspire

renewed interest in pursuing higher education if they are currently employed as a clinical practitioner (Figure 4). Those hygienists that are actively enrolled in a baccalaureate post-certificate program can enhance the future recruitment possibilities by conducting telethon activities with the intention to encourage or stimulate their colleagues. The recruiter can identify with their preliminary concerns and guide them towards the reality that current institutions are accommodating the returning student.

Other feasible activities involve luncheons, in which a student will invite a potential applicant as their guest, to highlight several speakers that have accomplished a professional goal in alternative practice settings, as well as reaching a new level of self-respect in their career.

In further support of these efforts, mailing materials can be sent directly to hygienists by the assistance of local component society directories.

The second group that evolves from the non-traditional pool is any other possible applicant who may be above the age of eighteen and is either seeking "new" or "alternative" career choices. A well-rounded recruitment network should explore new avenues in reaching adults by active participation in either church and/or political organizations. Some of these possible applicants may be living right next door! Mailing current materials and attractive brochures may introduce an improved image of our profession that may stimulate a person with the desire to attain the prestige of a dedicated health care provider.

Last but not least we should never underestimate the impact our involvement and exposure would have by submitting recruitment articles to our local newspapers. Personalizing our publications with "R.D.H." will advance our recognition and inspire a new image if it accompanies an interesting piece of information to the community.

In conclusion, I sincerely believe that dental hygiene as an expanding career is most certainly alive!! If we expect to consider our profession while exploring career alternatives, more elaborate methods of national exposure are definitely needed so that every possible target group learns -- who we are and what we can become. But most importantly, we as recruitment facilitators, must recognize the value of the "Student" as the key transmitter in the process of grooming the next generation of dental hygiene providers.

REFERENCES

1. Burke S: A Study of Perceptions Influencing Student Application to Dental Hygiene Programs, a Report. Washington DC: American Association of Dental Schools, 1985.

2. Settimi P: Enrollment trends in two-year and four-year dental hygiene programs. Educ Directions 6(10):28, 1985.

3. Kolter P and Fox KFA: Strategic Marketing for Educational Institutions: Englewood Cliffe, NJ: Prentice Hall, 1985.

4. Williams TE: "Optimizing Student-Institution Fit," in Hossler, D (Ed.), Managing College Enrollments. New Directions for Higher Education. San Francisco: Jossey-Bass, 1986.

5. Carr DS and Romberg E: Relationship of recruitment strategies to applicant pool size in baccalaureate dental hygiene programs. Educ Directions 10(2):13, 1985.

6. Hafer JC and Ambrose DM: Psychographic analysis of nursing students: Implications for the marketing and development of the nursing profession. Health Care Manage Rev 8(3):69, 1983.

7. Parker HJ and Chan F: The prestige of dental hygienists: Ratings by health care providers. Dent Hyg 61(3):116, 1987.

8. Jones IH: Nursing recruitment: Late starters. Nursing Times 82(52):32m 1986-87.

FIGURE 1

FOCUS ON APPLICANT'S NEEDS

TRADITIONAL	NONTRADITIONAL
Academic Preparation	Career Opportunity
Social Aspects	Course Flexibility
Career Growth	Financial Support
Geographic Location	Geographic Accessibility
Curriculum Content	2-year/4-year Programs
Financial Aid	Academic Articulation

FIGURE 2

STRENGTHS OF A STUDENT RECRUITER

1. Peer Identification
2. Enthusiasm
3. Knowledge of Career Growth
4. Academic Resource
5. Personal Advisor

FIGURE 3

IMPLEMENTATION OF SUCCESSFUL STRATEGIES

TRADITIONAL

1. Middle/Junior High Schools

   (a) Career Exposure

   (b) Powerful Media

   *Recruiter: 1st and 2nd year
   Dental Hygiene Students

2. Junior/Senior High Schools
   (1-2 yrs. Previous College Education)

   (a) Open House on Campus

   (b) Counselor Connection-Telephone Contact

   (c) Media Update

   *Recruiter: Post-certificate Students

FIGURE 4

NONTRADITIONAL

1. Licensed Hygienists - Returning to Further Education

   (a) Telethon Activities

   (b) Invitational Luncheons

   (c) Mailing Materials/SADHA

   *Recruiter: Post-Certificate/Alumni

2. Adults Searching New Career Alternatives

   (a) Church/Political Organizations

   (b) Mailing Materials/Brochure Info

   (c) Student Involvement in Community Newspaper Articles

   *Recruiter: Pre-Licensure/Post-Certificate Students

INTRODUCTION: BARB WILLIAMSON, RDH

Beth Pelton, RDH, MS

Ms. Williamson is currently President-elect of the American Dental Hygienists' Association and will be installed as ADHA President at the 66th Annual Session, June 1988, in Seattle. She served as ADHA First Vice President from 1986 until 1987, ADHA Treasurer from 1983 until 1986, and ADHA District VII Trustee from 1981 until 1983.

Ms. Williamson received an Associate Degree in Dental Hygiene from Rangley College, Rangley, Colorado.

She has been employed as a private practitioner since 1965.

Barb is actively involved in the Association's recruitment activities and is here to present information regarding the tripartite role in career recruitment.

ADHA TRIPARTITE ROLE

Barb Williamson, RDH
ADHA President-elect

After hearing the perspectives from practitioners, students, educators and alumni groups, it becomes evident that many resources exist for career recruitment. It then becomes obvious that this network of resources must be coordinated and activated. The potential exists for ADHA to have a significant role in establishing the network for communication between communities of interest and all levels of organized dental hygiene.

ADHA has begun by initiating activities to provide for the collection and dissemination of accurate career information. Through data collection activities, we are able to provide current and accurate information on education programs.

To coordinate these recruitment efforts, ADHA must establish itself as the source of dental hygiene career information. As such, ADHA will be instrumental in developing career materials, implementing a network for tripartite communication, and communicating ADHA's resource role to communities of interest.

Beyond coordination and communication, ADHA is in the position to interface with other key associations. Initial contact was established in the spring of 1987, through the dissemination of the "Innovations in Education" poster to guidance counselors and librarians. We will continue our contact with these groups to familiarize them with the profession.

As a high school student my contact with a dental hygienist encouraged me to look into the career. My high school counselor was totally unaware of dental hygiene and offered me no help. I believe that this situation is probably worse now than it was then. This needs to change.

Through its tripartite structure, ADHA has an established network for disseminating information at the national, state and local levels. Our role is not only to disseminate information but to activate the volunteers. Dental hygienists must be encouraged to participate in career recruitment activities in their communities.

For example, the Girls Club in my area sponsors a Role Model Program. I was asked to participate along with nurses, lawyers, physicians and other professionals. Let me tell you a little about the Role Model Program. Women in the community were contacted and asked to participate in the program. After agreeing to participate, a girl was assigned to the role model and a time was established for the girl to visit the role model in her place of employment. The Girls Club provided transportation for the girls. The girls had to complete an assignment at the time of the visit. The assignment assured that questions were asked and answered. At the completion of the program, a tea was held to bring the role models and the girls together.

The Girl Scouts in Rapid City also sponsor a Career Night, asking professional women to spend the evening talking about their careers. Instead of presentations, the girls went from table to table allowing for direct interface and an opportunity for questions. We must encourage our members to be involved in activities such as this in their community.

There are several steps that we must all take together in an effort to maximize our resources.

* We need to communicate with each other
* We need to share information and materials
* We need to plan and strategize
* We need to coordinate activities

These steps will lead to the success of our career recruitment efforts.

The key words are "working together." ADHA has the ability to facilitate this process by providing the network to share information on materials and contacts. ADHA is in the position to initiate career recruitment efforts at the state and local levels. It is our intent to continue to support and encourage recruitment into our profession. We will not be able to maximize our efforts if they are conducted in a vacuum. This morning's presentations have shown our creativity in addressing the recruitment issue. Fostering this network is the next challenge. With our combined talents and resources, we can meet the challenge.

The ADHA Officers and Board of Trustees are committed to this effort. We will continue with the planning and implementation of career recruitment strategies. Thank you for your involvement and commitment to career recruitment and our profession.

PAPER PRESENTATION SERIES CONTINUED

Beth Pelton, RDH, MS

Speakers presenting the next paper series will assist us in recognizing target populations appropriate for dental hygiene career recruitment activities. The speakers will discuss the attributes of specific target populations and their sociocultural characteristics.

INTRODUCTION: DEBORAH BLYTHE BAUMAN, RDH, MS

Beth Pelton, RDH, MS

Deborah Blythe Bauman, RDH, MS, is an Associate Professor at Old Dominion University, Department of Dental Hygiene. Having received her Baccaluareate of Science and Master of Science degrees from that same institution, Ms. Bauman is the Recruitment and Admissions Coordinator for the dental hygiene program. Recently, Ms. Bauman was awarded a sizable grant which funded the design of a program to recruit, admit and retain minority students in dental hygiene. She has published several articles regarding minority students.

She is Immediate Past President of the ADHA component organization and has chaired various committees at the constituent level. Ms. Bauman will address the hispanic population.

DENTAL HYGIENE STUDENT RECRUITMENT: UNDERSTANDING THE ATTRIBUTES OF THE HISPANIC TARGET POPULATION

Deborah Blythe Bauman, RDH, MS
Assistant Professor
School of Dental Hygiene and Dental Assisting
Old Dominion University
Norfolk, Virginia

Introduction

Historically, minorities have been underrepresented in the dental hygiene profession. The extent is unclear due to lack of documentation. However, according to the 1981-82 American Dental Association Minority Report, minorities represented 4.8% of dental hygiene program graduates in 1980-1981.(1) Two percent of dental hygiene program graduates were hispanic as compared to 1.8% black and 94.6% white.(1) The lack of documentation on minorities worsens from 1982 to the present, as these are the last statistics available.

Since all minorities comprise 20.1% of the total population based on the 1982 data, minorities may be severely underrepresented in dental hygiene.(2) Effective recruitment methods must be implemented to identify more qualified minority students, and acquaint them with career opportunities in dental hygiene. Based on demographics and attributes of the population, hispanics present an overwhelming opportunity for targeted student career recruitment.

Sociodemographic Characteristics

The hispanic population consists of persons of diverse Spanish origin or descent who designate themselves as being Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, or other Spanish/Hispanic. In 1987, hispanics comprised 7.9% of the total mainland population.(3) There are approximately 18 million hispanics in the United States comprising the second largest minority population. Hispanic is the fastest growing segment of the U.S. population and will overtake blacks as the nation's largest minority group in the year 2015.(4) In 1986, the median age of hispanics was 25.1 years as compared to a national median age of 32.6 years.(3)

Demographics indicate that hispanics of different origins live in different areas of the country (Table I). In general, 75% of hispanic Americans reside in five states: California, Texas, New York, Florida and New Mexico, with 87% living in metropolitan areas such as New York City, Miami, Los Angeles, and San Antonio.(5) Other highly populated cities and states include Chicago, North Carolina (migrant workers), Denver, and Arizona.(6,7,8)

The hispanic population is characterized by a low socioeconomic status based on income, education and employment considerations. Hispanic men

earn 71% as much as white men, while hispanic women earn 52% as much as white men. Low educational attainment, occupational segregation in the least skilled jobs, low wages and high levels of unemployment and poverty characterize the status of hispanic women in the labor market. Educational achievement, however, exerts the dominant influence on the educational success or failure of the hispanic individual.(9)

Educational Background/Barriers

Hispanic college enrollment as a percentage of high school graduates has declined from 35.4% in 1975 to 19.9% in 1980. Those hispanics that graduate from high school and are able to enroll in college are more likely than whites to attend two-year institutions as part-time students. At community college occupational programs, 13% of hispanics earn degrees in health service related programs as compared to 18% non-hispanics.(9) High numbers of hispanics in two-year colleges are enrolled in liberal arts curricula. According to the American Association of Community and Junior Colleges, hispanic students choose and attend two-year colleges because: 1) they are pushed there due to indifference shown to their needs in a programatic and service sense by four-year institutions; 2) they are attracted to policies and programs offered by community colleges; and 3) two year schools are open admission in nature, low in cost, easy to enter and reenter, and allow the student to remain at home.(10)

In 1978-1979, the following percentages of college degrees were awarded to hispanic students:

1.2% of all doctoral degrees
2.1% of all master of science degrees
2.1% of all bachelor degrees
4.6% of all associate degrees(10)

According to the National Center for Education Statistics, hispanic students are discouraged from considering college due to language deficiencies; poor secondary school preparation; low expectations among teachers and counselors; family financial status; family responsibilities; and few role models of successful, educated hispanics.(5)

Hispanic families generally speak Spanish rather than English at home. Results from a 1978 study conducted by the National Center for Educational Statistics indicate that less than 19% of hispanic college students speak English at home.(5) According to a 1979 Census Bureau survey of language, 93% of hispanic adults reported that Spanish was their primary language while growing up.(11) Torres found a total of 89% of hispanic women spoke Spanish in their homes during childhood.(12)

A 1987 U.S. Hispanic Market Study published by the Miami-based Strategy Research Corporation (SRC) found that 7 out of 10 respondents spoke only Spanish at home, 18% spoke both Spanish and English, while approximately one-third spoke Spanish at work.(13) Less than half of respondents in this study thought highly of their ability to read

English. While 42.1% reported that they read English "very well" or "well," 21.9% reported that they do not read English at all. In regard to the age of the respondents, 47.9% of 18-34 year olds reported that they read English "well" or "very well," while 19.8% of 18-34 year olds reported that they cannot read English at all.

The language barrier is further dramatized by the fact that ongoing fluency in Spanish is encouraged. The majority of respondents (85.5%) participating in the SRC study considered it important that the community's children have an ability to read and write Spanish. Hispanics are attached to language and the cultural heritage it carries.

Both blacks and hispanics have been found to have higher educational and occupational aspirations than whites.(7,12) Hispanic role models for educational aspirations are significantly different from blacks and whites. For example, in one study 50% of hispanic respondents' mothers and fathers had not achieved educational preparation beyond the eighth grade level. Hispanic spouses also had lower levels of education than those of whites and blacks. The hispanic median family income is generally too low to send a child to college without financial aid.

Young hispanic females tend to be married and value marriage more than blacks or whites.(7) Hispanic women, however, were found to be more interested than white women in combining motherhood with outside employment.(12)

Cultural Attributes

Approximately 75% of the hispanics surveyed in the SRC study considered themselves hispanic first, American second.(13) Southwestern hispanics report greater identification as Americans than elsewhere. Puerto Ricans (75%), Cubans (74.2%), and Mexicans (70.4%) consider themselves as hispanic first and American second. The term hispanic itself is artificial; hispanics are far more likely to describe themselves as Puerto Ricans, or Chicanos, or Cubans.

Target Marketing for Hispanic Recruitment

In targeting the hispanic population, one should be aware of their enormous degree of loyalty to tradition, language, culture, and customs. Additionally, the hispanic population is very family oriented and places high emphasis on education. Hispanics tend to spend their free time in group rather than individual activities. The average hispanic-American consumer is:

female
Southwestern
Mexican
Twenty-two years old
From a family of approximately 4 persons
Living in a male-dominated society
From a strict home environment

Politically passive
Very proud of hispanic heritage
Roman Catholic
Fluent in both Spanish and English, preferring Spanish
Spends more on cosmetics and health aids than the average American
Influenced in brand preference by whether the advertisers address her as hispanic.(13)

Several factors must be considered when marketing to the hispanic group: do your homework and deliver what you promise. Loyal, repeat relationships will be established if what is promised is delivered. If not, marketing efforts will be counterproductive.

"Success formulas" in marketing to the hispanic target group include the following factors:

Homework. Rather than accept inaccurate media and U.S. Census figures, conduct research to obtain the information needed regarding your local target population.

Spanish literacy. Although product marketing research has established that hispanics are best reached with Spanish language advertising materials, college recruitment officers have found this to be unsuccessful and inappropriate; when using the Spanish language, watch for bloopers.

Sensitivity to hispanic culture, values, and lifestyles. Include aspects of a cultural framework in your marketing approach and your dental hygiene program.

Special services. Provide Spanish speaking persons or brochures informing the population about your special services for hispanics.

Commitment. Allow 18 months to 2 years to gain any critical mass of repeated relationships and effective word of mouth.

Community presence. This will assure a comprehensive or balanced approach. For example, dental hygiene recruitment may include health fairs in hispanic communities or working with hispanic civic groups.

Promotional programs such as event marketing, which touch base with the community on a grass roots level, are a significant marketing tool in attracting the hispanic consumer. When developing marketing materials, emphasis should be placed on information. "The hispanic consumer is not as cynical as the Anglo"; therefore, in advertising products to hispanics, media uses less entertainment than when advertising for the general market.(6) Teaching the hispanic consumer about a product is the key to successful marketing.

Clearly, if the educational experience for hispanic students is unsatisfactory, no amount of "marketing" or special recruiting will significantly increase the hispanic student population. The issue of institutional commitment for minority recruitment and retention must be raised. This issue, like that of creating an image for the dental

hygiene profession, may be considered a long term recruitment goal. Various short term recruitment strategies are presented in Mechanisms for Recruitment Access. Additionally, Tables II and III provide support organizations which dental hygiene programs may consider contacting in order to gain access and information regarding the hispanic population.

Mechanisms for Recruitment Access

1. Because hispanic youth have difficulty imagining themselves going to college, they need help in doing so beginning at an early age. They need role models and "sponsors" to help them start and continue "thinking college". There is a role here for churches, community organizations, and college alumni groups.

2. Hispanic youth, due to close family and community ties, are frequently reluctant to leave family and community to attend college. Hispanic communities are reluctant about the loss of resources for the community. Students can be encouraged to attend dental hygiene programs which are in close proximity to their communities.

3. Hispanic students may have a fear of "culture shock" as they contemplate going away to college. Dental hygiene programs should offer hispanics cultural experiences within the curriculum or encourage support groups and peer counseling to reduce these fears.

4. Recruiters should be hispanic role models or use other hispanic students to attend high school visits, career days, and health fairs.

5. Recruiters should make special visits to high schools that have a substantial hispanic population for career days, college fairs, and health fairs.

6. Programs can purchase and use the National Student Search Service by requesting lists separating variables of the hispanic ethnic group, specific locations, test scores, and major interests (Table II).

7. Provide information and workshops for hispanic high school students and parents on completing Financial Aid Forms (FAF), deadline dates, and available aid programs particularly for dental hygiene students.

8. Inform prospective students about the availability of support services to hispanic, minority and economically disadvantaged students, such as professional career counseling, remedial and developmental courses, curricular options, peer tutorial assistance, academic skills study centers, courses in hispanic studies, and peer counseling.

9. Consider the admission policies of the dental hygiene program. Are they rigid, not allowing for objective qualities in the student and are they based on standardized tests and GPAs only, putting the minority student at a disadvantage.

10. Recruit from community colleges by establishing articulation agreements to increase the transfer potential of hispanic students. Two-plus-two curricular programs and degree completion dental hygiene programs can utilize this strategy.

11. Community college-based dental hygiene programs should be able to rely on (a) the tradition of hispanic students attending predominantly two-year institutions and (b) the track record of the college when recruiting from the hispanic community.

12. Adult basic education including instruction for the high school equivalency exam as well as instruction in English as a second language should be offered as support services to the hispanic student.

13. When utilizing direct mail to recruit hispanic students, include minority specific information in the initial appeal, general promotional literature. Avoid "turn off" messages included in materials.(14)

14. Because family is such a strong characteristic of the hispanic culture, include parents and siblings in family visitation days, promotional literature, interviews, and financial aid workshops.

TABLE I

Geographic Location of Hispanic Subgroups

Subgroup	Percent of U.S. Hispanic Population(3)	Location
Mexicans	63%	Western, Southwestern and Central States
Puerto Ricans	12%	Central Northeastern
Cubans	5%	Southeastern
Central and South Americans	11%	Scattered, but migrating toward eastern regions
Other Hispanics	8%	---

TABLE II

Programs and Services

1. Talent Roster of Outstanding Minority Community College Graduates
   Edith Edmonds
   The College Board
   45 Columbus Avenue
   New York, NY 10023-6992
   (212) 713-8000

2. National Hispanic Scholar Awards Roster
   Evelyn Davila, Director
   The College Board
   Suite 401
   1717 Massachusetts Avenue, NW
   Washington, DC 20036-2001
   (202) 332-7134

3. Student Search Service
   The College Board
   45 Columbus Avenue
   New York, NY 10023-6992
   (212) 713-8000

TABLE III

Hispanic Agencies and References

1. National Council of La Raza
   20 F Street, NW
   Second Floor
   Washington, DC 20001
   (202) 628-9600

2. League of Latin American Citizens (LULAC)
   National Educational Service Center (LNESC)
   LNESC National Headquarters
   400 First St. NW, Suite 716
   Washington, DC 20001
   (202) 347-1652

3. Aspira of America, Inc.
   114 East 28th Street
   New York, NY 10016
   (212) 889-6101

4. Guidebook to Hispanic Organizations and Information
   ERIC Clearing House on Urban Education:
   New York, NY, 1963.

5. Guidebook to Hispanic Organizations
   Phillip Morris Co.:
   New York, NY, 1980.

REFERENCES

1. ADA, Council on Dental Education: Minority report on dental auxiliary education. Supplement 1 to the annual report, 1981-82.

2. United States Department of Health and Human Services, Bureau of Health Professions. Minorities and women in the health fields. PHS Publication Number OV84-5. Washington, DC: Government Printing Office, September 1984.

3. U.S. Department of Commerce, Bureau of the Census: Current Population Report, The Hispanic Population in the U.S., March 1986 and 1987. Advance Report, Series P-20, No. 416, 1987.

4. 100 Influentials and their assessment of the critical hispanic issues. Hispanic Business, 7(3):18-19, 1985.

5. National Center for Educational Statistics: Condition of education of Hispanic Americans, Washington, DC, U.S. Government Printing Office, 1978, p.200.

6. American Management Association: Successful Marketing to U.S. Hispanics and Asians Research Report. New York, 1986, pp. 5-15.

7. Andrade, SJ and Torres, MG: Aspirations of adolescent hispanic females for marriage, children, education and employment. Final report to the hispanic youth employment research center, National Council of La Raza, Washington, DC. May 1982.

8. Astin and Burciaga: Chicanos in higher education: Progress and attainment. Higher Education Research Institute (HERI), Ford Foundation, New York, NY 1982.

9. Escutia, M: Hispanics in the work force, Part III: Hispanic women, National Council of La Raza, Washington, DC. July 1986.

10. Katsinas, S: Hispanic student and staffing patterns in community colleges. Hispanic Roundtable Talk, American Association of Community and Junior Colleges, Phoenix, Arizona. May 1984, p. 3-4.

11. U.S. Department of Commerce, Bureau of the Census: Ancestry and Language in the U.S.: November 1979. Current Population Reports. Series P-23, No. 116, 1982.

12. Torres, MG: Aspirations of adolescent hispanic females for marriage, children, education and employment. Report No. 2: Young Hispanic mothers enrolled in school and/or employed interviewed in the 1979 national longitudinal survey, National Council of La Raza, Washington, DC. May 1982.

13. Strategy Research Corporation (SRC). U.S. Hispanic Market Study, Miami, Florida, 1987, 565 pp.

14. Van Atta, DD: Using direct mail effectively to recruit minority students. The Admissions Strategist. 10:6-14, 1987.

100

INTRODUCTION: CARROLYN D. ROUNTREE, CDA, RDH, BS, MS

Beth Pelton, RDH, MS

Ms. Rountree is a graduate of the dental hygiene program at Forest Park College. She received a Bachelor of Science degree in Dental Hygiene Education and a Master of Science degree in Dental Hygiene Education and Administration from the University of Missouri at Kansas City. Carrolyn is currently a Doctoral Degree Candidate in Curriculum and Instruction at Illinois State University.

From 1975-1978 Carrolyn served as the Director of the Parkland Community College Dental Hygiene Program. She currently directs the Lincoln Land Community Dental Assisting Program and is also employed in dental hygiene private practice. She is active in numerous professional and civic associations including the National Dental Hygienists' Association, American Association of University Women, the Illinois Committee on Black Concerns in Higher Education, and the National Association for the Advancement of Colored People.

Carrolyn is currently serving as Vice President for the National Dental Hygienists' Association. She has a strong commitment to career recruitment as evidenced by her work within the educational arena, the community and various professional associations.

THE BLACK POPULATION

Carrolyn D. Rountree, CDA, RDH, BS, MS
Coordinator/Instructor, Dental Assisting
Lincoln Land Community College
Springfield, Illinois

It is a pleasure for me to be here today to discuss the academic challenges confronting our black population. It seems even more appropriate since we are also celebrating our black heritage during this month. I would like to also add that it has been a great honor having this opportunity to come, to listen, to be informed and inspired by what has been said and done at this conference.

Are black dental hygienists becoming extinct in America's society today? I contend that the answer to that question is yes. The numbers have always been low, and perhaps for reasons that I will attempt to explain to you this afternoon.

Aside from the fact that blacks have neither been welcomed nor encouraged to enter programs of dental hygiene, it is a historical phenomenon that for a number of years blacks were locked out of the job market entirely. It has only been recently that we have been in a position to afford the luxuries of dentistry. Lack of exposure and ignorance to the necessity of dental treatments in no way served to promote the idea of dentistry as a career option. Financial subsidies now being allotted have increased the awareness and appreciation of the value of good oral hygiene; a value that did not previously exist among the black community.

The approximate ratio of black dentists available to the population is 1:8,293. This figure significantly correlates to the number of blacks seeking dental hygiene as a career. When we compare this figure to the ratio of white dentists to the population, we find a large gap of 1:1,808. This discrepancy is due in part to the fact that, although blacks comprise 11.7% of the total population, they constitute only 3% of the total supply of active dentists. They are underrepresented in the profession. In addition, the supply of active dentists is expected to increase to only 6,300 (3.5% of the projected total supply of active dentists) by the year 2000. Although this would represent some improvement, it would still leave a 1:5,208 dentist-to-patient ratio in the black community, which would be far short of the desired ratio of 1:1,900.

Black dental hygienists are needed, and institutions offering a dental hygiene curriculum must make recruitment of black hygienists a priority. If in fact, they are to increase the pool, consideration to both sexist and racist barriers must be acknowledged to its fullest. Blacks have been underserved by the educational system since its inception. Public education was instituted for whites in New England in 1647. When that system was forced to begin educating blacks (more

than 200 years later), the long held racist assumptions about our intelligence and ability stood fast, and do so to this day.

The pervasive myth and attitude among American educators that black students cannot learn, that their failure is expected, has been academically destructive to blacks, especially to those already holding the notions of inferiority. The historical precedent for such thinking dates back to slavery. It was forbidden to teach black people to read and write, and it was widely believed and accepted that we were incapable of learning such skills.

All the myths and stereotypes used to characterize blacks have their roots in negative anti-black mythology. Yet, they form the basis of the most critical inquiry in the nature of black experience. Many people have difficulty appreciating black people as they are because of eagerness to impose an identity upon them based on any number of negative stereotypes. Widespread efforts to continue devaluation of the black population make it extremely difficult and often times impossible for blacks to develop a positive self-concept. For we are daily bombarded by negative images. Indeed, one strong oppressive force has been this negative stereotype and our acceptance of it as a viable role model upon which we can pattern our lives.

In realizing this, it should come as no surprise that black students many times feel alienated and ostracized from both their peers and instructors when not studying at a predominately black institution. The lack of social stimulation often times lends itself to dissatisfaction and ultimate failure. Additionally, this feeling of isolation can result in total withdrawal from the program, and into a profession that is less psychologically threatening.

The media, from television to billboards, further perpetuates the situation by brainwashing blacks that dental hygienists are somehow supposed to be white. Thus, the black woman does not perceive herself in a role of this nature. Negative images of blacks once seen so frequently in television and film were impressed upon the psyches of all Americans. Black mothers and fathers have complained in the past that television lowers the self-confidence and self-esteem of black women especially. Only recently have blacks been portrayed without the usual king fish/sapphire connotation.

Regardless of the ills and woes, several blacks have learned to cope, unlocking those most inhibiting psychological barriers. As more and more opportunities are made available, academically qualified black women and men are being encouraged by their families to attain more exciting and lucrative options in life. Because dental hygiene is associated more with a two-year associate degree curriculum, as opposed to a baccalaureate degree; many black parents, teachers, and counselors (persons who influence career selection significantly), view this level of education as somewhat inferior to their own. Therefore, it is not uncommon for this group to encourage a higher level of education, preferably at a four-year institution.

Culturally speaking, black men and women carry a very high esteem for the mother figure. And, although education is not as high a priority within the black community as it once was, independence is encouraged among black females, and they too are taught the values of a college education along with their male counterparts.

The black population in general embraces the concept of democracy, stresses individualism among their people, values achievement, cherishes cleanliness, and respects the value of time.

Justifiably so, the Urban League and the National Association for the Advancement of Colored People are two organizations that blacks strongly identify with. The academic programs, career workshops, and counseling provided by these two agencies, have served to stimulate the educational potential and influence career selection among blacks.

There are four nationally recognized black sororities in which several black women seek to pledge. Identifying with such groups provides for many black women a sense of professional recognition, social mobility, and academic stimulation. Delta Sigma Theta, Alpha Kappa Alpha, Sigma Gamma Rho and Zet Phi Beta, are black civic sororities whose continued goals symbolize a volunteer movement devoted to giving leadership service and resources toward removing barriers and inequalities, in order that people of America, especially members of our black community may develop their potential and exercise full citizenship.

Scholarships are awarded annually to qualifying black females, career workshops are sponsored along with programs designed to assess and strengthen the academic needs of the black woman in particular. Maintaining a positive image of the black female is vigorously encouraged.

Most cities have local chapters, and most activities sponsored by these fraternal organizations are published in the daily papers, especially those black owned and operated publications. The members' names are identified which could assist you in contacting members. Since the sororities are powerful networking organizations, their popularity rarely goes unnoticed among blacks in general. Each one has a separate national headquarters. Delta Sigma Theta's national base is located in Washington, D.C., while Alpha Kappa Alpha's is situated in Chicago, Illinois as is Sigma Gamma Rho. Zet Phi Beta's national headquarters is also located in Washington, D.C.

Another nationally black prestigious organization that also maintains chapters in most cities throughout the United States is the Eastern Star. Although it is not an academically caste organization, their contributions and activities have been noteworthy toward influencing the character and achievements of black women.

The black church is still considered a strong institution among blacks, but as with other churches, memberships have declined.

The Illinois Committee of Black Concerns in Higher Education (ICBCHE) is an institutionally based organization with leadership provided by

college and university faculty, staff, students, and trustees, with valuable support by agency staff, judges, legislators, elementary/secondary teachers and others. Other states have similar support organizations for blacks, but under a different name. The ICBCHE uses grants as seed money for numerous activities designed to bridge gaps caused by underrepresentation. Conducting conferences or workshops for developing strategies to enhance the educational status of all minorities has become its major focus.

The black teacher, counselor, administrator, and other black professional organizations also create a pathway for developing black potential. Some of these organizations are struggling for numbers and financial support, and would welcome any positive external interest. Black professionals and civic leaders in the community are usually easily identified.

More specifically, the National Dental Hygienists' Association (NDHA), which was founded by black dental hygienists in 1932 has resulted in serving the needs and special problems of all minority dental hygienists. As Ms. Sharon Kershaw, NDHA president, stated yesterday, this association offers annual scholarships to students, while senior members participate in career orientation programs, including counseling of matriculating students. NDHA offers minority dental hygienists opportunities to participate in professional leadership on both national and local levels.

A more recent phenomenon is Black Enterprise, a national professional exchange that travels from state to state, providing a networking forum for black professionals. Excited about the prospect of experiencing a fresh approach to the networking process, entrepreneurs and other black professionals around the country have used the program to further their professional and financial goals. Black Enterprise is owned and operated by a national journal entitled the same, "Black Enterprise".

Through black publications and journals one develops a sense of understanding and appreciation for the realistic life styles of blacks. As predominantly white magazines are read by blacks, so should the reverse be true. Ebony, Jet, Essence, Black Enterprise, and Crisis (an excellent publication written by an executive branch of the NAACP), can help dispel some myths about blacks. It most certainly can enlighten the masses, as to the potential and to the accomplishments of the black population.

Matthews and Associates Inc., publishes an exemplary bi-monthly journal entitled, Black Issues in Higher Education. Persons involved in any way with the educational process can expect this magazine to have accurate and timely information about the issues affecting blacks and other minority groups world wide. For subscription information call (703) 385-2981 or write to : Black Issues In Higher Education, c/o Cox, Matthews and Associates, 10520 Warwick Avenue, Suite B-8, Fairfax, Virginia 22030.

Where there have been gains, there too have been losses. Some estimates show that more blacks will be attending colleges in the year

2000 than any other time in history. However, upon further study, you will also find that there will be an overall increase of blacks in the population. In fact, many cities will be accounting for 60% to 70% of the total black populace. With an increase in the numbers of black citizens, black dental hygienists will be needed more than ever before.

How can we as administrators, faculty, counselors, and otherwise concerned citizens, seek to increase the number of black dental hygienists in the United States?

For one thing, affirmative action on campuses must be activated, and support services, both financial and academic, must be accessible to black students.

Black family income lags behind that of whites. College costs are rising and federal student aid isn't keeping pace with the rising cost. All of that amounts to a major barrier to access. It is worse when you add in the fact that student aid has drastically shifted from grants to loans. It is commonplace for undergraduates to accumulate $8,000 to $10,000 in college debts. When salaries don't adequately compensate for this debt, then attending college becomes an enemy rather than a friend.

Black youths have become me-oriented just as the white youth. They want a fast buck and a new BMW. Fame and fortune is attached to being a star athlete, not a star student. Parents, churches, and community groups must encourage their black children to appreciate the values of long range goals, rather than continually seeking immediate gratification. Additionally, more focus on persistence to the end must be reinforced.

More information to students at an early age about the profession is essential. What they are unaware of, they are unable to prepare for.

Individual programs can best do their part by encouraging innovation and flexibility in programming, perhaps with class hours designed to meet the needs of non-traditional students, or for those students that must work. Being employed while attending school is a rule rather than an exception among many black students.

Programs should also promote dental hygiene as a lifelong career by enhancing educational advancement, and working collaboratively with dental hygiene colleagues and state regulatory agencies toward a higher level of professionalism.

If dental hygiene programs would advertise on black radio stations and in news publications, blacks would feel needed and wanted as hygienists, thus generating interest within the profession as a whole.

Last but certainly not least, a concerted effort needs to be made on behalf of recruiting more black faculty members. I'm sure that it comes as no surprise that the numbers are disproportionately low. Potential and matriculating black students need role models. Brochures

and college catalogs advertising the program should picture encouraging scenes with black faces visibly displayed.

Eleven years ago black student enrollment in American colleges peaked at about 33.5% of those college age. Since then the numbers of blacks at all levels in higher education have declined precipitously. This profound drop is a cause for alarm among those citizens who realize that the potential contributions of an entire generation are being lost and, if allowed to continue, the quality of life for generations to come will be placed in extreme peril.

As we have explored here today, there are complex economic, social and psychological phenomena that bring us to the present state. While at times the situation appears grave, it is not yet fatal. There is substantial reason for confidence and hope. An increased awareness of the existing conditions, and a firm commitment to rectify the problem, can resolve some of the barriers that have limited the nation's supply of black dental hygienists.

RESOURCES

1. Albano D: Key affirmative action cases. Labor Today 24:7, October 1985.

2. Aulf L: GRE analytical ability as an admissions factor. Library Quarterly 54:265, July 1984.

3. Baratz-Snowden J: Good news, bad news; Black performance on standardized tests. Change 19:50, May-June 1987.

4. Blinken AJ: Brown's Blacks; racism and resentment on campus. New Republic 193:17, July 15 1987.

5. Cottam KM: Affirmative action: Attitude makes a difference. Library Journal 112:47, May 15, 1987.

6. In good company; 25 best places for blacks to work. Black Enterprise 16:89, February 1986.

7. It may cost you time and effort, but junior's college degree doesn't have to cost an arm and a leg. People Weekly 26:195, December 8, 1986.

8. Kleinfield J: Guiding minority students into adulthood. Phi Delta Kappan 68:553, March 1987.

9. Loury GC: Why preferential admissions? Currenc:27, October 1987.

10. McHugh C: Letter to the past. Scholastic Update 119:12, May 18, 1987.

11. Minority access: a question of equality. Change 19:35, May-June 1987.

12. Murray C: Affirmative racism: How preferential treatment works against blacks. New Republic 191:18, December 31.

13. No pass-no play hurts minorities more than whites. Phi Delta Kappan 68:56, March 1987.

14. Polis C: Supreme Court ruling on racial quotes still not definite. Nation's Cities Weekly 10:11, March 2 1987.

15. Richardson R Jr., Simmons H and de los Santos A Jr.: Graduating minority students; lessons from ten success stories. Change 19: 20, May-June 1987.

16. Schipper H: NAACP shows labels fair share plans; minority hiring is among goals. Variety 328:69, September 2 1987.

17. Sleeter CE and Grant CA: Success for all students. Grant Phi Delta Kappan 68:297, December 1986.

18. Suggs RE: Minorities and privatization issues of equity. Public Management 68:41, December 1986.

19. Turner R: There's discrimination, but you can still succeed. TV Guide 33:34, March 16 1985.

20. Van de Vliet A: The inner city crisis. Management Today:50, January 1986.

21. Walsh J: Panel sees decline in undergraduate education. Science 232:153, April 11, 1986.

22. Walsh J: Spotlight brighter on minorities in science; NSF, Black Cascus initiatives reflect growing concern about access to research careers. Science 238:265, October 16 1987.

23. Women and minorities continue to lag in science. Earth Science 37:10, Summer 1984.

INTRODUCTION: MARK PATTERSON, RDH, BS

Beth Pelton, RDH, MS

Mark is a graduate of the Amarillo College Dental Hygiene Program. He received a Bachelor of Science Degree from Southwest Texas State University. He is completing a Master of Science Degree at Colorado State University. Mark has been actively involved in dental hygiene education for 10 years. He is currently the Clinical Coordinator at Colorado Northwestern Community College where he is involved in the recruitment of non-traditional students.

TARGETING MEN FOR RECRUITMENT INTO DENTAL HYGIENE

Mark S. Patterson, RDH, BS
Dental Hygiene Instructor
Colorado Northwestern Community College
Rangely, Colorado

Point eight percent. That's a great number if you are talking about annual percentage rates, inflation, or the nation's unemployment rate. But when you are working toward a more reflective representation of society's social and cultural groups in a profession, .08% is mathematically insignificant.

I can accept most of the contemporary criticism of my gender. Most of it was justified and as a result of these social critiques, male-female relationships have changed forever. Fathers are actively participating in the birth of their children. (We even change diapers.) Women are successfully functioning as Chief Executive Officers of major corporations. The same men who are flying 747's, designing automobiles and building skyscrapers have begun to unravel the mystery of the vacuum cleaner, the dishwasher and the iron.

However, I can not accept the notion that dental hygiene is "women's work." Men have been successfully employed as dental hygienists in the military for over four decades. As painful as it is to remember, dental hygiene did start out as "women's work." It was Dr. Fones and his turn-of-the-century values that delegated the task of "cleaning up" the oral health of his patients to dedicated, subservient, and obedient women. Ladies, you had been "cleaning up" after men for centuries; you were a natural for the job.

Dr. Fones, welcome to 1988. Dental hygiene has changed, and although the members of the profession are still dedicated, they are no longer subservient and, Sir, we are not all women. The knowledge and skill base of dental hygiene has grown beyond Dr. Fones' wildest dreams.

In a profession that is 99.2% female, what is it that makes men worthy as a target population for recruitment into dental hygiene? Two very important reasons, money and balance.

When looking at the future of our profession, it is difficult to ignore the parallels that exist with dental hygiene and nursing. During an interview with Brigadier General Clara Adams-Ender (Chief Army Nurse Corps) in Black Issues In Higher Education, she was asked, "What can civilians learn from the Army in terms of the ratio of men to women in nursing?" General Adams-Ender responded, "Let me tell you what motivates men--money. And it motivates them because we taught them to grow up and take care of someone else so they have to go looking for the highest dollar, especially if they are married and have a family."

A study conducted at the University of Massachusetts at Amherst revealed that there is a "significant undervaluation of female

dominated jobs," and that "the percentage of female incumbents in a job class is the most significant predictor of salary." To be more specific to dental hygiene, a 1984 survey of full-time dental hygiene educators in the United States and Canada highlighted the fact that, although males make up less than 1% of the profession, there are more males than females making over $28,000 per year. When the trunk of an automobile is severely overloaded, the handling characteristics of that automobile are profoundly compromised--it does not have balance. When the gender of a profession is 99.2% female, it is obviously out of balance.

When attempting to identify the most significant communication barrier between dentistry and dental hygiene, one can not ignore sexism. How many times have you been referred to as one of the "girls" in the office? Probably the same number of times as I've been referred to as "doctor." If dental hygiene were 99.2% "boys," the profession would still be faced with the same problem that exists today.

Men can make a significant contribution to the profession of dental hygiene--given half a chance. Once a man has decided that he would like to pursue a career in dental hygiene, he has some potential obstacles standing in the way of his educational goals. Most likely he was the recipient of inadequate career counseling. Having chosen dental hygiene, it is doubtful this choice was made with input from his high school counselor or that the choice was even made while in high school. The shortcomings of his career counseling may also result in a lack of secondary educational preparation in math, science, reading, writing, and basic study skills.

After vocational testing as a sophomore in high school, I was told that the test results revealed that I would be best suited as a brakeman or conductor for the railroad. Who was I to disagree? It was all laid out for me in black and white. My course of study was all set. I would delve into the mysteries of advanced addition, introduction to general science, drivers education, and the philosophy of good citizenship. I never hired on with the railroad, but I did have four years of exposure to dentistry as a dental technician in the U.S. Navy. Those four years helped me avoid two psychological barriers that other men considering dental hygiene may have to overcome.

First, he may have a negative self image in relation to occupational choice. Imagine the supportive comments from his buddies on the football team after graduating from high school, "You don't have the legs for a skirt" or "You'll look cute in one of those little nurse's caps." If this goes on long enough, he may start looking into more socially accepted occupations for a man, like a brakeman or a conductor.

Second, there is an obvious lack of male role models in dental hygiene. The negative self image could be overcome if there were a role model to encourage and support his decision to become a dental hygienist. He needs assurance that becoming a dental hygienist won't cause him to become less masculine or more feminine. Leaving the security of "macho-land" can be unnerving if he is bothered by what other male figures in his life may think.

Where are the men who would make significant contributions to the profession of dental hygiene? They are in the same places as the women, attending the same high schools, churches, community colleges and universities. However, we cannot attract men to this profession when we unwittingly stereotype the dental hygienist as female. In 1988, sexism still exists in our textbooks. We must look at the populations we are targeting for recruitment. If one wants to "sell" a product, one must package it in such a way that it is attractive and desirable to a particular market. The military has been very successful in this area. Women are joining the Army to become tank drivers, paratroopers and helicopter pilots.

Every effort should be made in all areas of marketing to illustrate men employed as dental hygienists. Dental hygiene must develop and display non-sexist recruitment materials.

Until society removes the sexist barriers that exist regarding career choice, there are limited mechanisms for accessing men into dental hygiene.

Mechanisms do exist; recruitment efforts should be concentrated on the following individuals:

Men with exposure to dentistry via the military, scouts, or Red Cross. Agencies or clubs where these men can be located would be local American Legion or VFW Posts, Boy Scout or Eagle Scout Troops, and the local Red Cross

Men interested in helping others. Men's clubs or civic groups that specialize in helping others would be the obvious focal point. Examples would be the Lions Club, Rotary, Sertoma, Optimist, and the Elks.

Men with friends who recently entered or completed a dental hygiene program. Specific clubs or groups are difficult to identify with this category of potential candidates. Parents Without Partners or similar emotional support groups are possibilities.

Men with family members who have a health practitioner background. Allied Health Center Fairs that are jointly sponsored and organized by local Medical, Nursing, Dental and Dental Hygiene Societies could give the children of Health Professionals the opportunity to explore a career in dental hygiene. With an appropriate marketing style, dental hygiene could be presented as a gender neutral health career.

Strategies that successfully access these individuals can be developed. We are living in a time of unprecedented choice for the new generation of health care professionals. Many obstacles have been removed for the nontraditional student seeking a career in dental hygiene. To design the future of our profession, we must identify and

eliminate all remaining obstacles to make the "Recruitment Connection" work for the betterment of our profession.

RESOURCES

1. Bebeau MJ and Coupe MJ: Masculine and feminine personality attributes of dental students and attitudes toward women's roles in the society. Paper presented at the annual meeting of the American Educational Research Association, Los Angeles, 1981.

2. Carr EH and Berry TG: Survey of full-time dental hygiene educators in the United States and Canada. Paper presented at ADHA Workshop I, Denver, 1984.

3. Holcomb CA: My daughter wants to be a nurse: Occupational stereotyping in health textbooks. Journal of School Health 5:336, 1981.

4. Johnson DB: Health Occupations Career Handbook. Greeley: University of Northern Colorado.

5. National Education Association: Rights. NEA Higher Education 5(2):3, 1987.

6. Adams-Ender C: Nursing education and the military special report. Black Issues in Higher Education 4(18): 12, 1987.

INTRODUCTION: SELINA E. FRIES, RDH, BHS

Beth Pelton, RDH, MS

Ms. Fries is a graduate of the Forsyth School for Dental Hygienists. She received a Baccalaureate Degree from the University of Florida and is working toward a graduate degree in Public Administration.

Selina has been a dental hygiene educator for 15 years. Her involvement in association activities has included serving as a delegate to the American Dental Hygienists' Association, presiding as President of the Florida Dental Hygienists' Association and providing support to the Student American Dental Hygienists' Association chapter at Santa Fe Community College. Her interest in career recruitment is long standing as is evidenced by her presentation today.

THE 18-24 YEAR OLD POTENTIAL DENTAL HYGIENIST

Selina Fries, RDH, BHS
Department of Dental Hygiene
Santa Fe Community College
Gainesville, FL

To be able to direct recruitment efforts, we must first identify the potential recruits. We must identify their motivations and attitudes in order to streamline our efforts. Also, we should determine whether those we are interested in recruiting will be interested in dental hygiene as a life-long career. Specifying our market will allow us to make the most of our efforts to market our profession to the most interested recruits.

Traditionally we have made concerted efforts to recruit the 16, 17, and 18 year old high school junior or senior. Our values, motivations and attitudes as recruits in the 1960s and 1970s were quite different from those held by that age group today. In a 1987 UCLA national survey of 209,672 college freshmen, it was found that the college freshmen of today have an interest in and state their chief reason for going to college is to be able to make more money.(1) Eighty percent of the respondents were caucasian, from homes with yearly incomes of $25,000 to $75,000, had earned a "B" or better, were reportedly Christian, and held conservative political views.

A majority of these freshmen indicated that they worked, socialized, exercised, partied, and studied. They reportedly devoted six or more hours per week to each activity. I suggest we find these people in health and fitness clubs, at sporting events, in shopping malls, at dance clubs, at the movies or other forms of teen entertainment areas, and church youth group activities.

How can we reach these people? What can we say to them to make them more interested in our profession? Since their interests lie in earnings and self health care, our emphasis needs to shift from the rather altruistic leanings we have emphasized in the past. This does not mean that I am advocating denial of the unique service orientation we possess, but rather placing the emphasis elsewhere.

We need to talk openly about the challenges of alternative practice settings, the self-satisfaction of teaching others how to care for themselves, and the salaries that can be, and are, earned in various practice settings today. We also need to emphasize the important role dental hygiene plays in health care, describe services we provide and responsibilities with which we are charged on a daily basis.

1. Attitudes and Characteristics of This Year's Freshmen, Chronicle of Higher Education, University of California at Los Angeles, Higher Education Research Institute, Graduate School of Education, director Alexander W. Astin, January 1988.

Today, dental hygienists have lateral as well as vertical career mobility. We need to provide high school guidance counselors with accurate information about the profession. We should not neglect them because they reach 7.5% of our potential students and play a part in the career decision-making process.

Another strategy we might employ to attract potential students is to modify our current recruitment methods and place more emphasis on media presentations. Short radio spots, played frequently on local radio stations--not just during Dental Hygiene Week or National Children's Dental Health Month, but all year long. How many of these individuals wear headphones tuned to the local stations while they engage in activities such as jogging, biking, exercising and, yes, studying?

The UCLA survey indicated that not much television viewing was claimed by these potential recruits, but I know from experience that the Saturday morning cartoons are still quite popular. Can you imagine the impact that one regularly scheduled, well-produced cartoon type advertisement could have on a local television show that features cartoons? The ADA has several spots that are sponsored by the local societies on local television about tooth decay and plaque control. Why not produce something locally, using local talent, aimed at a local audience.

Our 18-24 year old recruits are similar in their desires but they are regionally quite different in how they view the world. Also, salary ranges are different in various parts of the nation so our recruitment efforts need to be streamlined to fit those young people in our own areas. For instance, surfing is big in Florida, California and Hawaii but hardly an all consuming teen activity in Alaska, Ohio or Missouri. These people are into health, but have regionally different emphasis. We must look into our own backyards to determine what the local recruits' interests are, then design specific efforts to fit those interests.

When asked about career choice, 9.2% of the respondents in the UCLA survey reported "other" and 6.6% were undecided. Also, 12.9% stated that they expected to change their career choice before graduation while 13.9% said they expected to change their major field choice. These statistics indicate that we have an opportunity to attract this age group to our profession through the college guidance or career counselors and our current dental hygiene students. When a college or university has a "Career Day," it is imperative that dental hygiene be present and active at that event. Current students and actively practicing hygienists would be the ideal recruiters. If actively practicing hygienists are unable to attend due to employment obligations, why not ask some of our colleagues who are not currently practicing to participate for the day.

The 18-24 year olds are fairly accessible, but I think they simply have not been made aware of the dental hygiene profession as a viable career option. Nationally conducted surveys should offer dental hygiene separately from lab technician as a career choice, but even more, dental hygiene must become more visible or audible.

We must analyze our target group of potential recruits by examining geographic and demographic data to determine who and where our recruits are. This analysis need not be complicated. Simple observation of the activities in which the teens in our towns, cities or counties participate should tell us where to take our efforts on a personal basis. The local sporting activities, health clubs or spas, shopping malls, movie theaters, dance clubs and fast food restaurants could display our newly designed image. Radio is almost an appendage of this group and should certainly be considered a necessity for recruitment activities. Television is somewhat less used than we surmise, but still should be considered as a way to reach this group, using local time and talents.

While we all have quite a few time commitments of our own and wonder where we'll find the time to do this recruiting, there is a vast untapped population of recruiters we need to remember. Regardless of our philosophical, national or state conflicts, dentists are willing to recruit locally. On the home front, we still need clinical dental hygienists and the dentists who would be their employers are willing to participate. While our conference today is primarily to, for and by dental hygienists, we mustn't forget our local dentists. In fact, in Florida a poster with tear off card has already been designed and distributed to 450 dentists in Florida.

Dental hygienists who are not currently practicing but are residing in the area are a source of dental hygiene recruitment manpower. Also, current students need to be more visible on-campus at "Career Days." Alternative practice setting practitioners need to be included in the recruitment efforts as often as possible to illustrate the variety in practice opportunities. If we don't become involved in career recruitment, shift our emphasis, change our mode of recruitment, and enlist some help from our colleagues, we will not proceed along the continuum of emergence into the profession we wish to become.

INTRODUCTION: CINDY BROWN, RDH, MS

Beth Pelton, RDH, MS

Cindy Brown holds a Baccalaureate Degree in Dental Hygiene from Caruth School of Dental Hygiene, Baylor College of Dentistry and a Master of Science Degree in Allied Health Education from Southwest Texas State University. She has been actively involved in dental hygiene education for 12 years in both junior college and dental school settings. She has also taught dental hygiene in a nontraditional military program. Most recently, she teaches in a baccalaureate degree program on a medical sciences campus.

Cindy is currently an Assistant Professor and the Clinic Coordinator at the University of Arkansas for Medical Sciences in Little Rock, Arkansas. She is a member of the ADHA Editorial Review Board for the Journal of Dental Hygiene and has contributed to the Association extensively at the national, state, and local levels.

RECRUITING THE NONTRADITIONAL STUDENT

Cynthia A. Brown, RDH, MS
Assistant Professor
University of Arkansas for Medical Sciences
Little Rock, Arkansas

As our society moves toward the 21st century, its direction and focus is impacted most heavily by the "Baby Boom" generation-those people born between 1946 and 1964. Approximately 76 million strong, this generation has proven itself to be a political, economic, and social force to be reckoned with. Baby boomers influenced college campuses during the 1960s and 1970s with their political activism, their questioning of social and moral values, their music, and the sheer mass of their numbers. Being "nontraditional" since its inception, this generation has now integrated itself into society by choosing careers and entering the workforce, marrying and raising families, and taking on the traditional responsibilities of the generations preceding it. As they have matured, the media has chosen to focus on a unique subset of the baby boomers-the yuppi, or "young urban professional." The target of many jokes and ridicule, the yuppie is characterized as a career-oriented, moneyhungry, status-conscious individual whose main concerns are the pursuit of the "right" car, house, lifestyle and over $40,000 a year.

Indeed the presence of individuals espousing the yuppie philosophy is a reality, but how many of their generation are actually afflicted with the syndrome? And if all the people between the ages of 24 and 42 supposedly went to college, why should we try to recruit them? Are they even interested in education? And if they are, where can we find them? What contributions can they make to the profession and to society?

The baby boom generation has been closely followed by sociologists and demographers and its unique social and political contributions will likely continue to be monitored as it ages. In observing the demographics of this generation one can observe several contradictions in the widely held theory that the majority of its members are college-educated and earn $40,000 a year.

Although strides have been made in the areas of women's rights and women's participation in the workforce, the numbers do not depict the yuppie's standard of living. Unlike previous generations, 70% of the women aged 24 to 42 work outside the home.(1) Also unlike their mothers, 20% of women are divorced or separated, many with small children. The economic hardship of raising children on one income becomes even more apparent when one considers that approximately 64% of all working women earn less than $10,000 per year. Incomes of $10,000-20,000 per year are earned by 27% of working women.(1)

Although men earn about 30% more than women for comparable work, the majority of men do not achieve yuppie status. In fact, the yuppie

phenomenon actually is a myth-accounting for a mere 10% of the total baby boom generation.(1)

Income aside, what about the interest of this population in education? As society changes, as some technologies become obsolete and others evolve, the need for education will remain a priority for this generation. This population's involvement in the educational system has already begun and is expected to increase steadily. On the whole, adult learners aged 24 to 42 represent a heretofore untapped potential for recruitment and inclusion into the profession.

Who are the current nontraditional students and what are they like? In the past, the age of the "typical" college student was 18 to 22 years old. Currently, students over the age of 25 account for 41% of total college enrollments and, in fact, students over the age of 36 account for 14% of all college students.(2,3) This trend is expected to continue.

The majority of college students now are married-some 55% of those under 35 and 80% of those over 35. They are parents and have family responsibilities. Sixty six percent of the students under 35 have school-aged children; 77% of those over 35 have school-aged children.(2,4)

In order to meet their family responsibilities, 43% of students under 35 are employed full-time while 44% of those over 35 work full-time.(2,4)

In addition, the typical student is female. Females in this age group outnumber males approximately 3 to 1 in terms of educational participation.(2,4) The picture of the nontraditional student emerges as a married female over the age of 25 who has school-age children and works full-time.

The academic load of the nontraditional student is also different. Because of family and work responsibilities, the majority of adult students enroll in 11 or fewer semester hours per semester.(4)

In terms of foreseeing who will choose to pursue their education, several predictors have been identified. The most important predictor is the student's previous level of educational attainment.(2,4,6,7,8,9) Individuals who have some previous college experience account for about 63% of those who later return to college.(4) The educational level of family members and friends is another predictor of educational participation. If family members have attended college they are usually more encouraging of the student's efforts. The student's perceived importance of education to his/her life is also a factor in deciding whether or not to pursue college.(6) A student who perceives a college education as the most viable method of improving career prospects, economic progression, and enhancing one's future will certainly be more likely to participate in educational pursuits.

If there are so many obstacles facing them, why do so many individuals choose to go to college? As people mature and face the challenges of

life, there are always periods of time in which a person's life undergoes a transition, a change from one set of circumstances to another. It is in response to life transition that the overwhelming majority of students decide to pursue an education.(2,5,7,8) Events which may trigger a life transition include divorce, death of a spouse or family member, personal illness, or the unexpected loss of a previous career.(7) Such dramatic events may cause a person to reevaluate their life's direction and to establish new goals and priorities for themselves. Providing a stable economic and career focus for themselves and their family often becomes the impetus for continued education. Education becomes a consequence of the overall changes occurring in one's life.

Another reason for choosing an education is to advance one's career or position.(4,5,7) After several years in the workforce, adults may face the fact that in order to insure long-range economic growth and security, a college education is a necessity.(4) A lack of satisfaction with their current position, benefits, and salary may also prompt adults to return to the classroom.(4) Other workers may face obsolescence in their current positions and may view college as a means to learn new skills in order to change careers.(2,4) Still other adults view college as a means of realizing personal fulfillment through achieving a new sense of identity and independence.(2,5,7)

In attempting to begin or return to college, non-traditional students cite several barriers facing them--institutional, attitudinal, and personal.(2,4,7) Institutional barriers most often mentioned include the necessity for submitting high school grades, attaining acceptable scores on college admission tests, college tuition costs, and inflexible course of motivation, lack of support and encouragement from family, or a lack of definite career goals. Institutional and attitudinal barriers must be overcome if one is to overcome the next series of hurdles--personal barriers. In fact, family responsibilities are cited as the single most important factor in preventing the adult student from attending college.(4) The pressure of maintaining one's responsibilities to one's spouse and children frequently outweigh the motivation to pursue education for both male and female students. If the adult student is to be successful, support from the family and realigning of responsibilities is critical.(4,8) Support and understanding from the program's faculty is also important to the student's success.

Financial responsibilities are also a factor. The cost of tuition, fees, and books must be managed by the family. If the student quits work or reduces the number of hours worked, the family must cope with a reduction in its total income and perhaps a modification in lifestyle as well. Work responsibilities may be another personal barrier, for certainly the adult student will not be available to work extended hours and may not focus the majority of his/her energies on work. The cooperation of employer and family in making this transition often becomes an important variable in the student's decision to pursue educational goals.

After deciding to pursue an education, the student must then decide which institution to attend. Students' reasons for choosing their particular institution have been studied and several key items have been identified.(2,5,4) Affordable tuition is the main reason for choosing an institution, followed closely by the availability of a desired program of study, the proximity of the campus to home or work, and flexibility of course scheduling.(2,5) Each of these factors is related to attempting to dilute the personal factors mentioned previously and to make college as time and money efficient as possible. One of the least important factors that a potential student considers is the academic reputation of the university. Perhaps to the chagrin of recruiters and administrators, a student's least important reason for choosing the institution is due to the recruitment efforts of the university.(5)

The adult student has many reasons for returning to college and many obstacles to getting there and once enrolled may present a unique set of challenges to faculty and administrators. However, the adult student brings many positive attributes to his/her educational endeavors which may also contribute favorably to the profession of dental hygiene. Such attributes include maturity, commitment to the profession, and a wide range of life experiences which may impart judgement and reasoning skills.(2,5,7) Assertiveness and self-direction are also more prevalent in the adult student as opposed to those in the early 20s age group and may serve to enhance the professional direction of the future practitioner.(2) As students, adults are favored by many faculty because of their sense of responsibility, readiness to learn, and degree of commitment to their education.(2,5,7,9) Indeed, nontraditional students may prove to be "some of the best and most serious students in all higher education".(7)

How then can these adult students be accessed and recruited into the profession? Where are these students? In order to recruit successfully, our efforts must be broadcast at the national and local levels to a wide and diverse spectrum of sources. National sources which may have access to diverse types of students include the Junior League, the National Organization for Women, Business and Professional Women, the American Association for University Women, and the Women's Legion Auxiliary. Although these organizations are solely women's organizations there are others that are male or are not gender specific. Service organizations such as the Rotary Club, the Lions Club and Optimist Club may provide resources for recruiting. Veterans' employment and training centers may also provide opportunities.

Recruiting may be most effective, however when community-specific resources are utilized. If we look around us we may find that potential students are right under our noses. These students may be close to us in age and may be participating in similar activities and have similar lifestyles of dental hygiene students, faculty, and practitioners. Potential students may be reached through various activity sites such as day care centers, Mother's Day Out programs, health and exercise facilities, health clinics and medical facilities,

grocery and discount stores, shopping malls, and PTA or school groups. Church organizations and volunteer community service groups may also be resources. Organizations which provide social support services to women may be excellent sources for women experiencing a life transition and thinking of future career prospects. Examples of such resources include women's support organizations, social workers, family therapists, and various counseling and rehabilitation programs. Executive groups and community leadership development groups may provide assistance as well. Professional organizations such as dental assisting associations, dental hygiene components, and dental alumni groups are excellent sources for potential students. Continuing education programs which include dental assistants provide superb opportunities for educators to recruit one-on-one. Media coverage for the dental hygiene program in the community may attract interested students, especially during National Dental Hygiene Week. There are a variety of different strategies for recruiting locally. Determining which will be most effective must be decided on an individual community basis by those planning the recruitment efforts.

REFERENCES

1. American Demographics Census Bureau: Newsweek, November 25, 1985, p.5.

2. Epstein H: The Older College Student - A Changing Tradition

3. U. S. Bureau of Census, 1980.

4. Sewall T: Nontraditionals in a traditional setting - Why older adults return to college. Paper presented to the American Educational Research Association annual meeting. San Francisco, April, 1986.

5. Epstein H: College students come of age. Paper presented at the Annual Conference of American Society on Aging. Salt Lake City, March 16, 1987.

6. Graham S: Factors related to educational participation among adults. Paper presented at the Association for The Study of Higher Education Conference, March 16, 1985.

7. Cross KP: Adults as Learners. San Francisco: Jossey-Bass, 1981.

8. Trinto V: Leaving College - Rethinking the Causes and Cures of Student Attrition. The University of Chicago Press, 1987.

9. Noel L, Levitz R, and Saluri D: Increasing Student Retention. San Francisco: Jossey-Bass, 1987.

INTRODUCTION: CAROLE R. CHRISTIE, CDA, MSC

Beth Pelton, RDH, MS

Carole R. Christie received a Master of Counseling Degree from Idaho State University. She is an Associate Professor with nine years of teaching experience in the Dental Hygiene Department at Idaho State University. She is also the Student Recruitment and Continuing Education Coordinator for the Department.

Carole has written and been awarded a variety of research grants from the Department of Health and Human Services, the University of Colorado and Idaho State University. Other scholarly activities include several publications, professional presentations and the development of promotional materials. Her experience with student recruitment activities includes development of a statewide articulation program and implementation of numerous creative programs in the community.

ATTRIBUTES AND RECRUITMENT ACTIVITIES FOR THE MIDDLE AND ADOLESCENT YEARS

Carole R. Christie, CDA, MSC
Assistant Professor, Department of Dental Hygiene
Student Recruitment and Continuing Education Coordinator
Idaho State University

"So you're a dental hygienist-what exactly does a dental hygienist do?" Does that ring a familiar bell? Most of you in this room have probably heard or been asked some rendition of that question. Is it this lack of knowledge of the profession of dental hygiene that is partly responsible for the declining applicant pool dental hygiene programs are facing today?(1)

Certainly the fact that there are fewer children today than there were 15 years ago has some bearing on the problem. And the fact that we can look forward to an upswing in these figures (thanks to we baby boomers) is encouraging.

But, greater numbers of children alone will not solve our problems. If we are going to increase the public's awareness of dental hygiene as a career choice, we should begin the educational process at a younger age, in the formative years.(2) We may be able to boost our applicant pools by targeting our recruitment efforts toward younger populations.

Of course, recruitment strategies will have to be altered to meet the needs of the more diverse population of students which is anticipated during the next 25 years.(3) We will need to consider and address the needs of the number of Black, Hispanic and Asian children estimated to be 25% of the population in 25 years. Family environments will be different than those of today with greater numbers of children from single-parent and low-income families.(3) These changes in the home environment may impact students' academic progress or may create a need for more direction and activities outside of the home.(3,4)

Demographics suggest that the next 10 years will be a time of expanding enrollment in elementary schools and we should take every advantage of this expansion by focusing our recruitment efforts toward the younger population today.(3) Based on current literature as well as dental hygiene's immediate need to begin recruitment activities with this age group, this paper focuses on the average student body of 4th-9th graders.

Because of the developmental similarities among some age groups, they have been combined, for purposes of this paper, as follows:

middle years = grades 4, 5, 6 (ages 9-11 years)
adolescent years = grades 7, 8, 9 (ages 12-14 years)

Of course, there can be some overlapping of these groups due to variations in child development. (e.g. some 7th graders may actually be at a 6th grade level developmentally or some 4th graders may actually be at a 2nd or 3rd grade level.)

Donald Super defines the growth stage from birth to age 14. "Self concept develops through identification with key figures in family and school... Needs and fantasy are dominant early in this stage... Interests and capacities become more important with increasing social participation and reality testing."(2)

Super breaks the growth stage into substages which should be considered when designing recruitment activities. With children ages 4 through 10, which incorporates the middle years, needs are dominant and "role playing in fantasy is important".(2) When recruiting in grades 4th through 6th, use minimal or no lecture and get the students involved in activities. It may not be necessary to discuss the role of a dental hygienist or career opportunities, or even how to perfectly brush their own teeth. It will be more effective to give them the basics and allow them to role play--doing things that a hygienist might do. Their focus of attention is on the presenter as a person or role model, rather than what is being said. They should want to be like you.

Eleven and twelve year olds are influenced by their likes and dislikes. Students aged 13 and 14 put more weight on their abilities and are more apt to look at job training requirements. Throughout this adolescent period, they become more socially aware and begin to focus on being more responsible to a profession.(5) Because of the increased peer pressure, role playing may be less attractive. So this would be the age group to invite to observe in actual practice settings, to watch a dental hygienist in action, and provide information about job training. You might want to talk with them about working conditions, and advantages, such as flexibility in scheduling, salary, etc.

So how do we reach these target populations? Various local groups or agencies can be contacted when designing recruitment activities. All of these examples are available in my community of only 46,000 people. You could find similar resources in Yellow Pages in your community.

Organized Clubs. Organizations such as the scouts, 4H clubs and camps involve both middle year children and adolescents. Scouting organizations have merit badges in dental health. Involvement by a practicing hygienist in assisting scouts in attaining a dental health merit badge and/or providing some type of educational program to the troop would make dental hygiene as a career more visible.

School. Many of you are probably already involved in visiting career classes or health classes in your area grade schools and high schools. With the push for the use of computer technology, it would be "creative" to have computer programs geared for the various age groups on dental health for middle years and dental hygiene as a career for adolescents.

Vacation College. ISU has a program for the entire family that is offered during the summer. Courses for credit and non-credit are offered to individuals of all ages. The major purpose of the program is to invite parents and perspective students of all ages to the campus and while experiencing Idaho State campus life you and your family are also enrolled in classes at the same time. The dental hygiene

department provides hands-on activities to the younger children (i.e. pouring models), and simple intraoral activities for the adolescents.

Sports/Parks and Recreation. Depending on your dental hygiene practice act, several activities can be provided for kids involved in athletics. Mouthguards could be made for children involved in contact sports. Oral health screenings prior to the beginning of the sport season could be provided. Oral cancer screening for adolescents in conjunction with dissemination of smokeless tobacco information will help to increase young people's awareness of oral health.

Church Groups. Many churches have social and educational programs for their members. The involvement of dental hygiene students, faculty, and/or practicing hygienists affiliated with a particular church is helpful in promoting recruitment activities.

Big Brother/Sister Programs. Dental hygienists are excellent role models for children in this program on an individual basis as well as meeting with the entire organization to highlight advantages of a career in dental hygiene.

Public Agencies. Our faculty met with the public health hygienists in Idaho and discussed our dental hygiene program and the need for them to add information about a career in dental hygiene during their community oral health presentations. Public television is another means of public awareness. At Idaho State University, we use public TV to provide educational material on nutrition and dental health. The Dairy Council is great for providing free information to hygienists for educational visits to schools and community groups.

In summary, recruitment coordinators need to begin to target younger populations to increase awareness about dental hygiene. We need to consider the characteristics of various age groups when planning recruitment activities. Creativity is a must!

REFERENCES

1. Burke SW: A Study of Perceptions Influencing Student Application to Dental Hygiene Programs. Project sponsored by the American Association of Dental Schools.

2. Tolbert EL: Counseling for Career Development. Boston: Houghton Mifflin Company, 1980, pg. 7.

3. Feistritzer CE: Schools learn a lesson. American Demographics 9(11):42-43, 1987.

4. Stassen Berger K: The Developing Person Through Childhood and Adolescence. New York: Worth Publishing, Inc., 1986, p. 447.

5. Statement by Dr. Stephanie Salzman, Assistant Professor of Education, in a personal interview, Pocatello, Idaho, November 23, 1987.

CLOSING REMARKS

Marge Reveal, RDH, MS
ADHA President

The implementation of any conference brings with it hours of planning on the part of committees and unlimited energy on the part of presenters. Along with that is the hope that the conference goals will all be met. I have reviewed the goals and I feel confident that:

- We have all been exposed to information that will facilitate the development of our skills for creating awareness about dental hygiene as a career and a developing profession.

- We have gained valuable insight about an integrated resource network within ADHA and NDHA that is available to us for dental hygiene career recruitment.

- Important concepts and strategies related to social marketing can now be adopted to enhance our career recruitment efforts.

- Together, we have explored potential strategies for career recruitment.

I believe we have indeed met our goals, and in fact surpassed our expectations. Alumni groups, practitioners, educators, students, institutional recruiters, NDHA and ADHA have begun a process that must and will be continued. The ADHA Subcommittee on Career Recruitment will be meeting immediately after we adjourn to consider all of the input that has been provided both formally and informally. They will report to the ADHA Board of Trustees in March with recommendations for future action. Later, policy concerning recruitment will be deliberated by the ADHA House of Delegates and the National Dental Hygienists' Association. Our associations are critically aware of the profession's needs and will take steps to comprehensively address the issue of career recruitment. You will be kept apprised of our efforts because you will be a part of them. The proceedings of this conference will be sent to all of you in the summer.

I want to thank the presenters, the members of the subcommittee, ADHA staff and all the participants who helped to make this event a resounding success.

APPENDIX PROLOGUE

A compilation of conference information is included in Appendices B-H. Reports from the small groups include an overview of outcomes, facilitators names and group participants. The conference evaluation represents information provided by the participants. An annotated bibliography is included to assist the reader in locating related background information. Additionally, Subcommittee members developed literature reviews in conjunction with their strategic planning of career recruitment activities. These preliminary reviews should be considered as working documents. The Subcommittee also conducted a needs assessment to identify existing career recruitment activities. The results are reported in this section. Conference representation is depicted geographically and a participant roster is included.

SMALL GROUP REPORTS

I. Image: What should be the image of the dental hygienist?

Group 1
Multifaceted image
Provider of oral health care
Differentiate between dental hygienist (provider) and dental assistant
Definition (who we are)
Registry (where, by whom)
Provider obscure
Clinical services image

Group 2
Present image in a consumer/service orientation emphasizing wellness and prevention

Group 3
Hard to see "one" image, although we need to have one image that reflects many goals
Should be consistent image provided to public
Image - "Career"
Educating school administrators and consumers, public
Selling our image to other hygienists then we move on to national public image
Community work

Group 4
Private practice clinician (emphasize asepsis)

Group 5
Professional - we really didn't define the word but we liked Beth Pelton on the slide. That's our visual representation of professionalism.
Non-exclusionary - a place for all ages, ethnic groups, both sexes
Inviting respect
Health care provider
Clinician

Group 6
Professional person
Well educated
Flexible
Career oriented
Looked at what we perceive our image to be and discrepancy with what public might/does perceive
Helping profession
Truly preventive oriented health care profession
Educated and are educators
Communicators/people oriented
Problem solvers
Critical thinkers
Resource managers (eg. new products, community services)

Primary care provider - entry level for public
Language - upgrade and reinforce image
"Career" vs. "job"
"Professional" vs. "auxiliary" or "girl" or "Dr. Jones' RDH"
Proud to care, proud to provide care

Group 7
The following five descriptors best serve to represent the object or the event that dental hygiene wishes to market:
Educator
Professional
People oriented (consumer oriented)
Prevention
Generalist
These terms can and should be used to create symbolic representations of the profession of dental hygiene as reflected in each of the six roles delineated by ADHA:
Clinician
Researcher
Administrator
Educator
Change agent
Consumer advocate
Since dental hygiene lends itself to at least these six image positions, one overall symbolic image of an educated, professional, people oriented, preventive specialist might serve as a foundation upon
which the versatility of dental hygiene as a profession or a career can be expressed.

Group 8
Clinical dental hygienist
Credibility in actions
Positive outlook
Self-confident
Professional language
Active marketing of profession with other professionals, patients
Alternative Practice Setting
Educator/Administrative (clinical)
Educator/Administrative (director)

Group 9
Separate distinct image from other professions
Positive professional image
Total patient care
Differentiation from dental assistant (licensed, educated)
Professional image supported by educational level
More positive image - licensed, educated
Oral health preventive expert, specialist, therapist

Marketing the profession of dental hygiene to the public/consumer
Marketing preventive oral health services
Making public recognize need - primary care provider

No formal response provided by groups 3, 6, 7, and 8.

General Recommendations:

Group 4
Poster suggestion provided: "Innovations in Dental Hygiene" or "Dental Hygiene Gives You Options"

Group 6
Promotional strategy - Telephone book - RDH after name
Also list under Dental Hygiene in phone book
Dentist should pay - enhances his practice
Listed before dentists alphabetically
Starts to reinforce concept of being primary care provider - entry of patients into delivery system
Involvement in community activities other than just dental
Recommendations to ADHA:
Review guidelines or establish guidelines so advertisers reflect image as equal if DDS has to be in ad.
Continue image identification process and cost effective marketing strategies.
Have BOT refer to HOD recruitment program to include developing a poster/printed matter reflecting image and pilot test.

Group 7
Starburst poster suggestion

Group 9
Networking and alliance building
Working with other health care professionals
Advertising in other professional journals
Necessary to be active in legislative arena

Group 10
We need to start now to market ourselves utilizing current visuals such as license and certificates displayed, name badge, pin, representation at school career days, health fairs.

No formal recommendations provided by groups 1, 2, 3, 5, and 8.

EVALUATION OF ADHA CONFERENCE, "DESIGNING THE FUTURE: THE RECRUITMENT CONNECTION"

To evaluate the effectiveness of specific conference aspects, participants were asked to complete a conference evaluation form. Thirty one (31) closed items required responses based on a Likert-type scale ranging from one to four (one being the measure of strongest agreement, four being the measure of strongest disagreement). Participants were asked to rate their level of agreement regarding:

- -- workshop goal attainment
- -- speakers' subject matter effectiveness
- -- participants' interaction ability in small and full group sessions
- -- group leaders' facilitative abilities
- -- time allocation for general and small group sessions
- -- adequacy of conference accomodations

In addition to the 31 closed response items, participants were asked to list three strengths and three limitations of the Conference. The evaluation form also requested general comments and asked participants to indicate which one of ten listed groups they represented at the Conference.

All Conference participants, excluding the Planning Committee, ADHA staff, and the two Conference consultants, received an evaluation questionnaire. Of the 127 eligible instruments distributed, 98 were returned, representing a response rate of 77.2%.

Data indicated that the respondents were moderately satisfied with all aspects of the Conference. In response to items regarding the extent to which the four conference goals were met, moderate agreement was indicated. The mean score for the four goals was 1.63 and the range was .50 (1.34-1.84).

Of all item groupings, the items related to participant interaction and time for group interaction yielded the most varied responses. Of the five items on participant interaction the mean score was 1.84 and the range was .85 (1.38-2.23). While participants strongly agreed (1.38) that the size of the small groups was appropriate, and moderately agreed (1.63) that the small group leaders facilitated discussion for all group participants, the participants were in agreement that appropriate time was allocated for small group discussion (1.98) and for speaker/participant interaction (2.01). Further, the participants slightly disagreed (2.23) that the conference format provided a forum for strategy exchange for career recruitment. It is of interest to note that of the 31 items, the only two items which yielded a mean of 2.00 or more fell into this item grouping.

Six items related to the conference arrangements. Again, data indicated that participants were moderately satisfied.

There were 15 categories of strengths identified from a total of 251 open responses. Table I contains a list of all categories of strengths with the corresponding number of responses. The speakers were identified as major strengths of the Conference by 67 responses. A forum for exchange and networking was selected as the second major strength by 26 respondents, and the third major strength was the organization of the Conference (24 responses).

Participants were asked to list three limitations of the Conference. From a total of 166 responses, 10 categories of limitations could be identified. Responses to all categories of limitations are listed in Table II. It should be noted that, of the 10 limitation categories, three related to time constraints in scheduling, time for exchange and networking, and time related to the formal presentations. In addition, nine of the 18 responses pertaining to small group limitations addressed the limited time available for small group discussion. Therefore, of the 166 responses addressing conference limitations, 43% (N=71) of the listed limitations directly pertained to the need for more conference time.

There were 135 additional comments made. These responses could be placed into seven categories. Categories and responses to comments are listed in Table III. Over 90 percent of the comments were very positive and/or provided constructive suggestions and further directives. The majority of negative comments were related to expectations not being met.

In summary, participant evaluations of the Conference indicate an overwhelming and expedient need to develop and position an image of the dental hygienist, to present more forums/conferences pertaining to image development and career recruitment, to provide opportunity for dental hygienists to exchange career recruitment strategies, and for ADHA to develop and disseminate career recruitment materials that reflect the identified image of dental hygiene.

TABLE I

RANKING OF CONFERENCE STRENGTHS BASED ON TOTAL RESPONSES

Ranking	Strengths	Responses
1	Speakers, Presenters	67
2	Forum for Exchange, Networking	26
3	Organization	24
4	Participant Representation	19
5	Conference Goals	17
6	Image Identification	17
7	Conference Content	16
8	Timeliness of Conference	10
9	Positive Atmosphere	10
10	Moderator	10
11	Location, Facilities	10
12	Staff, Committee	8
13	Common Bond Expressed	8
14	Small Groups	5
15	Practicality of Conference	4

TABLE II

RANKING OF CONFERENCE LIMITATIONS BASED ON TOTAL RESPONSES

Ranking	Limitations	Responses
1	Time Limitations in Scheduling	33
2	Individual Speakers, Presenters	24
3	Organization	19
4	Small Group Sessions	18
5	Time for Exchange, Networking	15
6	Locations, Facilities	15
7	Speaker Time For Presentations	14
8	Conference Goal Achievement	12
9	Participant Representation	12
10	Miscellaneous	4

TABLE III

RANKING OF COMMENTS
BASED ON TOTAL RESPONSES

Ranking	Comments	Responses
1	Supportive and Thank You	31
2	Speakers, Presenters	27
3	Conference Outcome Recommendations	24
4	General Suggestions to ADHA	17
5	Conference Organization, Facilities	16
6	Call for Follow-Up on Conference	14
7	General Concerns Re: Dental Hygiene	6

RECRUITMENT
ANNOTATED BIBLIOGRAPHY

1. Abbott B, Vollkman R and Forde K: Dental student recruitment. J Dent Educ 48(12):648, 1984.

   Abbott presents a seven-step plan for student recruitment. The article describes a marketing survey, recruitment plan, recruitment materials, publicizing recruitment programs in schools, and establishing a recruitment mailing list.

2. Baer M and Carr S: Academic advisor: Catalyst for achieving institutional and student goals. NASPA Journal 23(1):36, 1985.

   According to Baer and Carr, the academic advisor can no longer limit his or her role to that of an information provider. She must go beyond the limits of traditional advising and act as catalyst between institution and the student. The advisor must recruit ethically by providing to the student information needed to make a career decision. This includes the identification of proper target groups. The recruiter must orient honestly by seeking graduates-to-be rather than freshmen-to-be. Students who are prepared both in terms of their academic background and their expectations are more likely to stick with the program to completion.

3. Burke S: A Study of Perceptions Influencing Student Application to Dental Hygiene Programs, a Report. Washington DC: American Association of Dental Schools, 1985.

   Survey research was conducted by examining three groups entering college; 1) those interested in dental hygiene, 2) those interested in health and 3) undeclared students. Results indicated that, other than the declared dental hygiene majors, students significantly lacked knowledge about dental hygiene as a career choice. The study also outlined variables which impact on career choice.

4. Carr DS and Romberg E: Relationship of recruitment strategies to applicant pool size in baccalaureate dental hygiene programs. Educ Directions 10(2):13, 1985.

   The authors state that there is a relationship between an educational institution's ability to address student need and its ability to retain students. A differentiation is made between institution and student need.

5. Harrison GG and McBride ET: A minority recruitment/retention model for a department of medical allied health professions. J Allied Health 10(1):15, 1981.

A minority recruitment model is presented. The model includes early identification of candidates, counseling, and tracking of potential students. A comprehensive support system is discussed.

6. Hafer JC and Ambrose DM: Psychographic analysis of nursing students: Implications for the marketing and development of the nursing profession. Health Care Manage Rev 8(3):69, 1983.

   According to Hafer and Ambrose, the key to maintaining a high-quality recruiting campaign and replenishing the nursing profession is understanding the student's personality. Marketing has long used psychographic analysis to produce character profiles of customers. The authors studied the personality characteristics of students enrolled in three nursing schools in Nebraska.

7. Hossler J: Creative Effective Enrollment Management Systems. Chapter 2. New York: New York College Entrance Examination Board, 1986.

8. Hossler J: Enrollment Management, An Integrated Approach. New York: New York College Entrance Examination Board, 1984.

   In both books, Hossler provides an organized yet multivariate approach to recruitment. He addresses a wide range of issues regarding college choice and enrollment techniques. Both books provide helpful charts and diagrams.

9. Ihlanfeldt W: Achieving Optimal Enrollments and Tuition Revenues. San Francisco: Jossy-Bass, 1980.

   Ihlanfeldt applies a marketing approach to recruitment and gives a clear explanation of defining student "target markets" for recruitment efforts. He explains primary and secondary markets and marketing mix as well as listing resources related to identifying target populations.

10. Jones IH: Nursing recruitment: Late starters. Nursing Times 82(52):32, 1986-87.

    This article maintains that the mature student may be a market that has been overlooked in the health professions. Evidence suggests that the mature student may be more responsible and be more likely to remain within the educational program until completion. A frank discussion with a mature nursing student highlights the domestic difficulties that health profession educators should take into consideration when targeting the mature student.

11. Keller G: Academic Strategy, The Management Revolution in American Higher Education. Baltimore: John Hopkins, 1983.

    Keller develops the scenario of how recruitment theory has evolved from "hosting college fairs" to the creation of educational marketing strategy with sophisticated management and evaluation.

12. Kolter P and Fox KFA: Strategic Marketing for Educational Institutions: Englewood Cliffs, NJ: Prentice Hall, 1985.

Kolter and Fox provide an overview of marketing for education. Their book offers a variety of case studies regarding recruitment programs maintained by major colleges and universities. They also provide a review of the current recruitment literature. The authors present a marketing approach which involves research to explore student need, evaluation of recruitment programs that match institutions' mission, goals, and resources. This is a valuable reference for strategic planning, market research, market planning, career recruitment and retention.

13. Lovelock CH and Weinberg CB: Marketing for Public and Nonprofit Managers. New York: John Wiley and Sons, 1984.

This text was designed for individuals interested in marketing management practice in the public and nonprofit sectors. The book presents marketing concepts and strategies to improve the effectiveness of a nonprofit, nonbusiness organization.

Unique characteristics of nonprofit organizations are outlined. The authors describe how these characteristics limit the transferability of business marketing concepts to nonprofit organization marketing concepts and strategies. Four chapters focus on what influences the consumer to "buy" the products offered by nonprofit organizations which typically are services and advocacy of social behavioral change rather than material goods.

14. Lukken KM: Androgyny and the career choices of allied health professions students. J Allied Health 16(1):49, 1987.

Three hundred thirty eight allied health students at Weber State College were studied for personality types. The androgynous personality was the most frequently occurring personality category, followed closely by feminine types. The dental hygiene and paramedic programs were found to have students with, respectively, more feminine and masculine personality types.

15. McGrath E: Playing hardball on admissions: Colleges adopt aggressive marketing to draw good students. Time 123:80, 1984.

According to McGrath, academically promising high school seniors are shopping for colleges while some institutions are utilizing extremely aggressive marketing tactics to attract them. Everything from using 800 toll-free numbers for easy information access to providing luncheons and intimate dinners for prospective applicants is discussed. Legal and ethical concerns regarding admissions procedures are noted.

16. Murrel SA: Community Psychology and Social Systems. A Conceptual Framework and Intervention Guide. New York: Behavioral Publications, 1973.

This reading provides a conceptual framework for assessing individual-social system relationships and for introducing changes in social systems. Murrel provides a brief overview of general systems theory and psychology of organizations.

17. Muston RA: Enrollment Management Strategies Among Selected State Universities. Paper presented at the American Association for the Study of Higher Education, ED 245 601, HE 017 326. Chicago, Mar. 12-14, 1984.

    Muston suggests that educational enrollment management, in general, is underutilized. According to the author, the strategies which are most responsive to client needs such as the use of special telephone services or simplified admissions procedures are least likely to be implemented. Muston asserts that market research studies should be conducted to identify applicant attitudes, expectations and needs.

18. Parker HJ and Chan F: The prestige of dental hygienists: Ratings by health care providers. Dent Hyg 61(3):116, 1987.

    The researchers asked four groups of health care providers to rank dental hygienists according to professional prestige. The results paired dental hygienists with occupations requiring less formal educational preparation. Suggestions are made for improvement of the profession's image.

19. Quintilian EM: Influential factors in recruitment and retention of minority students in a community college. J Allied Health 14(1):63, 1985.

    According to Quintilian, the most influential factors in minority recruitment were identified as printed literature, flexible course scheduling and availability of developmental courses. Factors traditionally associated with facilitating minority recruitment such as counselor contact, community or agency contact, student support services, and the availability of financial aid were not particularly supported in this study.

20. Recruiting Women for Traditionally Male Careers: Programs and Resources for Getting Women Into the Men's World. Association of American Colleges, ED 145 256, CE 013 407. Washington, DC, Oct. 1977.

    This paper explores special programs that have been used to recruit women for traditionally male careers. They include conferences, workshops, science career programs, field trips and math anxiety clinics. Discussion of special recruitment materials is included.

21. Settimi P: Enrollment trends in two-year and four-year dental hygiene programs. Educ Directions 6(10):28, 1985.

Settimi asserts that financial constraints, particularly with respect to diminishing student loans, are seriously affecting applicant pools in dental hygiene. She suggests that creative market strategies, including financial aid packages should be developed. Settimi also highlights the lack of role differentiation between baccalaureate and associate degree graduates and suggests that students are offered two levels of education but only one level of practice.

22. Williams TE: "Optimizing Student-Institution Fit", in Hossler, D (Ed.), Managing College Enrollments. New Directions for Higher Education. San Francisco: Jossey-Bass, 1986.

Williams discusses the concept of student-institution fit in higher education. The author presents a model that allows for effective student-institution matching which includes five action steps: assessing student characteristics; assessing campus environment and characteristics; identifying and evaluating levels of student-institution fit; and designing environmental interventions.

LITERATURE REVIEW

CAREER DECISION: THE FACTORS INFLUENCING CAREER CHOICE

Kathy Eklund, RDH, BS

Career recruitment strategies involve well planned steps or stages, that when implemented successfully will result in attraction of qualified and dedicated members into that career. The focus of this paper is on the factors that influence a person's career decision(s). By understanding what motivates and impacts a career choice, recruitment strategists will be more effective and efficient in their planning processes.

Throughout the literature two factors are identified as major categories of influence in career decision making: personality and environment, both of which are closely intertwined.

A career life planning model was created by John L. Holland, a vocational psychologist at Johns Hopkins University.(1) The model consists of a general classification system for personality styles and another for occupational environments. The six personality styles (realistic, investigative, artistic, social, enterprising and conventional) are linked to a classification system that organizes occupations according to similar traits. This too can then be used to assist a career counselor in identifying a list of occupations for an individual to consider.

Holland's system can be very useful in career decision making when the dynamics of the changing occupational world are recognized. "While we can't be sure what specific names the occupations of the future will have, we can be rather sure that these unknown occupations will possess characteristics that conform to the Holland structure."(2)

Borchard suggests use of Holland's occupational model as a reference for facilitating what he has named "occupations scenario designing." Six factors: technology economics; international politics (environmental factors); and brain-mind capabilities, health and longevity, and values (personality factors) are organized into occupational scenarios using Holland's six categories for career prediction.

Young proposed an ecological metaphor to career development; the interaction between the developing person and the environment. The idea is not a new one.(3) In fact other career development researchers have recognized the environmental (sociological) as well as the personal (psychological influences on career choice and development.(4,5,6,7,8) Super refers to this as person-situation interaction. Young defined career development as the growing capacity of the individual to understand and act on the career environment.(3)

Holland, Krumboltz, and Super have concentrated much of their research efforts in career development in the transition from school (education)

to work (career).(1,7,9) Young, however, views occupational preferences primarily determined by the existing system of social satisfaction.

Gottfredson and Becker further evidenced this theory in an American longitudinal study.(10) One thousand young male workers who were being studied evidenced significant modification of their career aspirations through socialization processes relative to occupational experiences. Many studies which have investigated the differences between decided and undecided subjects have assumed homogeneity of both subsets, but results of these studies do not justify such an assumption.

One study, however, attemped to identify, multidimensionally, types of vocationally undecided college students. Data on 11 variables from 276 undecided undergraduate students were entered into a cluster analysis. Data from the cluster analysis suggest that the optimal partitioning of the data was obtained with a five-cluster solution. Analyses of variance and a chi-square analysis using variables not included in the clustering process provided evidence of the validity of found clusters. To assess the reliability of the clustering process, the total sample was split into two subsamples and a five-cluster solution was imposed on each of the subsamples. The resulting clusters were compared to the clusters of the total sample and to the findings of a former, similar study. These comparisons provide support for the reliability of three of the five clusters. The emergence of these clusters suggests a multidimensional perspective of vocational decidedness with apparent implications for differential treatment.(11)

The Louisiana State Department of Education conducted a study to determine factors that influence high school students to enroll or not to enroll in vocational courses at the secondary level.(12) It sought to determine student attitudes toward vocational education and the effect selected variables have on student decisions. Data were collected from 19,134 students in 38 schools in Louisiana. Attitudes held by most students toward vocational education were favorable. The percentage of students with favorable attitudes increased as their experience with vocational education increased. Recent changes in high school graduation requirements did not appear to affect significantly the number of students who wish to take vocational courses. Over two-thirds of the students said they were being encouraged to go to college by parents; 80% indicated they were being encouraged to do so by teachers and counselors. Persons in the home exerted the most influence on career choice. Interest in the work, salary, working condition, and personal satisfaction were the most important factors considered by students in selecting a career. The authors suggest that students were not receiving effective career guidance. Perceptions of the vocational student did not differ significantly from nonvocational students in the area of career decision making.

The hypothesis that occupational preference is based upon harmonious career values within a decision scheme was examined by Cochran in 1986. Results indicated that the most important value tends to be more harmoniously related to other values within a decision scheme. In contrast, the least important value tends to conflict with other values.

Another study by Cochran and Giza investigated the degree and scope of conflicts among ten career values.(13) Eighty-four 10th and 11th graders with high occupational aspirations rated ten individually selected occupations on ten standard career values. Results found that about every third substantial relation among values involved conflict, and that there was at least one conflict for every pair of values.

Krieshok, et al., compared the reliability and validity of three methods of measuring students' ability to articulate their career values.(14) The author used Cochran's method and idiosyncratic and standardized methods developed in response to problems with the Cochran method. Test-retest reliabilities for the three methods were .33, .66 and .19, respectively. The findings suggest that grid methodology is ineffective for measuring this construct.

Work values, or the qualities and rewards that one desires from work, are considered to be important determinants of career decision making and exploration during adolescence. A study was conducted to investigate age-based continuities and discontinuities in the structure of work values in a cross-sectional sample of 679 students in grades 7-12. It was hypothesized that the structure of work values would not be continuous across the grade levels, and that the discontinuities would reflect a normative pattern of increased differentiation. Work values were measured with the Work Aspect Preference Scale (WAPS). Confirmatory factor analysis was to test for factor invariance of the WAPS scales across gender and grade levels. The model depicting configural factor invariance across grade levels was rejected, and in general, the structure was found to be more differentiated in the higher grade levels than in the lower grade levels. Females also tended to evidence greater differentiation than males. The findings suggest that the development of work valued during adolescence is characterized by the progression toward greater differentiation. The authors suggest that the source(s) of the differentiation needs further investigation.(15)

Two major questions arise in the area of career indecision: 1) What are correlates of career indecision?, and 2) How is it measured? There are three basic types of career indecision: 1) developmental; 2) acute situational-reaction; and 3) chronic indecision. Developmental indecision is usually alleviated by maturity as well as by self-awareness activities and career information. Acute situational-reaction indecision is relieved by the removal of situational or environmental barriers. The chronically indecisive individual is different, needing special attention and treatment. This person is paralyzed and anxious, exhibiting psychological/behavioral dysfunction and needing long-term counseling to effect personality restructuring. Characteristics of chronically indecisive persons include procrasitination, manipulation, helplessness, and external locus of control. Many college personnel have the opportunity to help students with decision making but are unsure of themselves in the counseling role. If simple definitive guidelines are given to faculty, staff, and administrators to help them identify chronically indecisive students, the students can be referred to sources of appropriate help and guided through this critical state.(16)

Fuqua used canonical correlation analysis and factor analysis to examine the relationship of a set of four measures of career indecision and a set of four measures of anxiety in 133 undergraduate students.(17) Results suggest that a substantial, unidimensional relationship exists between the two sets of measures.

In 1986 O'Hare and Tamburri examined relations among trait anxiety, coping types, career decision making, and state anxiety related to career decision making.(18) Trait anxiety and low sense of personal efficacy were the primary predictors of career undecidedness.

Age factors and career indecision were examined by Slaney in 300 reentry and undergraduate women.(19) Results indicated that there were no differences in career indecision in undergraduate women in any of the age groups 17 to 22 years, 30 to 34 years, or 40 to 44 years.

The time component in vocational maturity and career decision making was studied by Savickas and Silling. They used attitudinal vocational maturity and cognitive vocational maturity measures. Time perspective was linked to planfulness and the degree of career indecision. The results of the study indicate that a lack of future structure may be an anecdote of career indecision whereas pessimism might be an anecdote of immature attitudes toward planning.

Puchkoff and Lewin researched state anxiety, locus of control, and perceptions of the relevance and helpfulness of a college counseling center among 275 vocationally undecided college seniors.(20) These variables, as a set, contributed significantly to discrimination between repondents and nonrespondents to vocational assistance offered from the center. Separately, only perception of relevance and of helpfulness were significantly related to responsiveness.

A smaller study by Cooper involving 24 students identified both group and individual counseling as effective in decreasing career indecision and personal indecision.(21)

Dorn suggests that career counselors utilize an integration of theoretical orientation in vocational decision making to individualize the counselor-client interaction.(22) He suggests that this may better address the issues surrounding personal, as well as career indecision.

Memphis State University utilizes individualized counselor-client career advising and also provides students with opportunities for on-site visits with professionals in careers of interest to them. The program, Career Encounters, is part of the University's attempt to address the societal factors in career decision making.(23)

The literature is somewhat conflicting and sparse in the area of family-life influences on career decision making. Lopez and Andrews present a family systems perspective on career indecision as an alternative to existing theories of vocational development which generally attribute career indecision to character deficits and developmental immaturity.(24) The authors speculate on family patterns

that contribute to career indecisiveness and on the functions that this problem may serve within the larger family network.

Slaney and Lewis examined the effects of two different career interventions (Strong-Campbell Interest Inventory or a Vocational Card Sort) on career-undecided reentry women.(25) Significant effects were found for both treatments, with the women experiencing less career indecision following each of the interventions. The interventions were equally effective, and the women expressed equal satisfaction with both treatments.

Kivlighan and Shapiro used the Holland High-Point Code and Self-Directed Search Scale Scores to predict benefit from a self-help career counseling intervention for 52 students undecided as to career. Participants with realistic, investigative, or conventional high-point codes showed greater changes in vocational identity when compared with participants with artistic, social, or enterprising high-point codes.

Swanson and Hansen, however, examined the custom of treating all undifferentiated subjects as if they were equal, by dividing subjects into High-Score Undifferentiated (HSU) and Low-Score Undifferentiated (LSU) groups.(26) Results suggest that accounting for score elevation does reveal differences between HSU and LSU subjects and that future studies should not treat undifferentiated subjects as a homogeneous group. York and Tinsley examined the relationship of field independence on learning style and decision-making style for college students (N-300).(27) Personality types were as classified by Holland's Occupational Classification (HOC) System. Five significant results were found when HOC group membership was based on choice of college major and occupation for students satisfied with their college major choice. Results generally supported Holland's theory.

A 1986 study by Krumboltz compared rational, intuitive, fatalistic, and dependent decision makers by how much they learned from a rational decision-making training intervention.(28) Individuals who had been highly impulsive, dependent, or fatalistic in prior course selections and those who exhibited dependency in prior job choices appeared to learn most from the rational training curriculum.

Another study by Blustein and Strohmer examined vocational hypothesis-testing research paradigm to a vocational task in two experiments.(29) Subjects (N-106) were asked to evaluate the appropriateness of a specific occupation for themselves. Subjects tended to exhibit confirmatory hypothesis-testing strategies when relevant occupations were considered, or disconfirmatory strategies when irrelevant occupations were considered.

Financial influences such as college (educational) costs, methods of payment and how the pressure to make money may be shaping enrollment patterns are reviewed by the Carnegie Foundation for the Advancement of Teaching.(30) There is some evidence that students who take sizable loans may major in such fields as business, engineering, and allied health, which offer higher salaries. The literature, however, does not offer much evidence of financial factors influencing career choice.

Gender differences have been examined extensively as they relate to career decision/indecision. Most research has been unable to establish statistically significant evidence of gender differences in career choice. However, "sex-role identity" has impacted career indecision. Gianakos and Subich revealed that sex role "orientation" was strongly related to the level of subjects' vocational undecidedness.(31) Nontraditionally sex-typed subjects scored at significantly high levels on all indecision indices. However, no gender-related differences were found.

Another study by Foss and Slavery questioned whether college women, grouped according to scores on the Attitudes Toward Women Scale (AWS) were differentially affected by a videotape career intervention.(32) Results indicated AWS scores were related to the traditionality of the career chosen for the subjects' hypothetical daughters and to self-efficacy. Careers chosen were more nontraditional after intervention.

Career and achievement motivation were examined by Farmer who used Bandura's social learning theory as a basis for her research.(33,34) According to Bandura, learning and related behavior are viewed as resulting from three sets of interacting influences: 1) background or given influences; genre ethnicity and ability; 2) psychological personal concept factors: attitudes, beliefs, previous experiences; 3) environment: social factors. Farmer included three motivational dimensions; aspiration, mastery and career commitment in her model. Research results indicated the existence of the powerful role of the changing environment on career and achievement motivation. It was suggested that the dominant career motivation models of Holland, Super and others influencing career counseling most, have not yet adequately taken this environmental role into account.

Fassinger examined three independent variables; ability, achievement orientation, and feminist orientation as affecting career choice.(35) Abiliity appeared to be the strongest of these factors but all three significantly affected the vocation decision.

The actual process of career choice is suggested by Walsh to be a decision making process.(36) The steps of the process are: 1) problem identification; 2) generation of alternatives; 3) information gathering; and 4) evaluation of alternatives. Individual subject variations are incorporated into the information gathering step relative to alternative selection.

Pinkney presents five pitfalls encountered by postsecondary students when making career decisions.(37) They include 1) skill abandonment, 2) inaccurate information, 3) predictability versus flexibility, 4) title versus setting, and 5) workplace change.

In addition to basic process, Gati presents a model for career decision making based on the sequential elimination of occupational alternatives, an adaptation for career decisions of Tversky's Elimination-by-Aspects Theory of Choice.(38) The expected utility approach is reviewed as a representative compensatory model for career

decisions. Advantages, disadvantages, and combination of the two approaches are explored. Implications for career counseling are discussed and Gati supports the influencing role of counseling.

Amundson describes a visual means, the centric system, of organizing career information which allows individuals to consider a number of external and internal factors and their relative importance.(39) The model takes into account psychological, social, and economic factors and is consistent with a view of work as one part of a total life style.

The advent of high technology has grown beyond simple audiovisuals in the career decision process, and Hansen suggests the evolution of computer-assisted assessment, including a specific example of videodisk technology, be used to enhance career decision making. The author further discusses the potential impact of videodisk use on counselors' time management.

Several guides have been created to facilitate career decision making. The Arkansas Public Course Content Guide was developed in accordance with the Standards for Accreditation of Public Schools adopted by the Arkansas State Board of Education.(40) The guide is offered as a framework upon which a curriculum can be built. The content guide identifies skills at three instructional levels: basic, developmental, and extensions. The basic skills are those skills that all students must master and upon which the minimum performance test items are based. Extensions are suggested for those learners who have mastered the required basic and recommended developmental skills. Extensions stress the higher order thinking, processing, and problem-solving skills. These extensions suggest ways for the teacher to broaden student learning on grade level without introducing more basic skills from subsequent grade levels. This career orientation guide lists skills for the following courses: self-understanding for success in the world of work; life and decision making; preparation to study the 15 occupational clusters; exploring the 15 clusters; selection of tentative career choices; planning a high school program; postsecondary education and training plans; financial plan for tentative selections.

The National Institute of Handicapped Research in 1986 published a Vocational Decision Making Interview Administration Manual.(41) This guide is intended to assist rehabilitation counselors, school guidance personnel, and others involved in administering and interpreting the results of the Vocational Decision-Making Interview (VDMI). (The VDMI is a structured interview instrument that was developed to facilitate the assessment of an individual's vocational decision-making capabilities, identification of an interviewee's unique decision-making profile.) The first part of the guide traces the development of the VDMI; summarized selected research results with the VDMI; outlines its structure; and describes its special applications in the following areas: vocational evaluation, general counseling and guidance, Individualized Education Program (IEP) and Individualized Written Rehabilitation Plan (IWRP) planning, determination of group characteristics, and program development. Discussed next are the following aspects of VDMI administration; preparing the interviewing

environment (interviewer and interviewee preparation), selecting an appropriate and qualified interviewer and heeding certain interviewing cautions, and administering and scoring the VDMI. The third section, which deals with interpreting VDMI results, covers clinical versus open-ended interpretations, normative comparisons, and procedures for profiling subcategories. The fourth section consists of tables of norms. A profile sheet and a copy of the VDMI are included with the manual.

Conclusion

Factors influencing career decision making are documented throughout the literature in theory, behavioral research, and applicatory models. A common theme appearing in all areas is the dynamic integration of psychological (personality) factors and sociological (environmental) factors that make each individual's career choice a unique experience. This must be recognized and addressed if any recruitment strategy is to be successful.

REFERENCES

1. Holland JL: Making Vocational Choices: A Theory of Careers. New Jersey: Prentice-Hall, 1973.

2. Borchard DC: New choices: Career planning for a changing world. The Futurist 18(4), August 1984.

3. Young RA: Toward an ecology of career development. Canadian Counselor 18(4), July 1984.

4. Gottfredson LS: Vocational research priorities. Counseling Psychologist 10(2):69-84, 1982.

5. Law B: Community interaction: A mid-range focus of theories for career development in young adults. British J of Guidance and Counseling 9:142-158, 1981.

6. Law B: Career theory: A third dimension. In AG Watts, DE Super and JM Kidd (Eds): Career Development in Britian. Cambridge: CRAC/Hobson Press, 1981.

7. Super DE: A life-span, life-space approach to career development. J of Vocational Behavior 16:282-298, 1980.

8. Vondracek FW and Learner RM: Vocational role development in adolescence. In BB Wolman (Ed) Handbook of Developmental Psychology. Englewood Cliffs, NJ: Prentice Hall, 1982.

9. Krumboltz JD: A social learning theory of career decision-making. In AM Mitchell, GB Jones and JD Krumboltz (eds): Social Learning and Career Decision-Making. Rhode Island: Caroll Press, 1979.

10. Gottfredson LS and Becker HJ: A challenge to vocational psychology: How important are aspirations in determining career development? J of Vocational Behavior 18:121-137, 1981.

11. Lucas MS and Epperson DL: Cluster Analysis of Vocationally Undecided Students: A Replication and Validation. March 1986.

12. Variables Affecting High School Student Enrollment in Secondary Vocational Courses. Louisiana State Department of Education, Baton Rouge Division of Vocational Education, 1986.

13. Cochran L and Giza L: Conflict in the career decision schemes of high aspiration youth. Canadian J of Counseling 20(3):136-145, July 1986.

14. Kriesok TS, et al: Articulation of career values: Comparison of three measures. J of Counseling Psychology 33(4):475-478, October 1986.

15. Schulenberg JE and Vondracek FW: Differentiation of work values during adolescence. Pennsylvania State University. University Park. Center for the Study of Child and Adolescent Development. BBB25096. 1987.

16. Haay-Mutter P: Career Indecision. 1986.

17. Fuqua DR, et al: The relationship of career indecision and anxiety: A multivariate examination. J of Vocational Behavior 30(2):175-186, April 1987.

18. O'Hare MM and Tamburri E: Coping as a moderator of the relation between anxiety and career decision-making. J of Counseling Psychology 33(3):255-264, July 1986.

19. Slaney FM: Career indecision in reentry and undergraduate women. J of College Student Personnel 27(2):97-109, April 1986.

20. Puchkoff SC and Lewin PG: Student responsiveness to specialized college services: Contribution of personality variables and perceptions of services. J of Counseling Psychology 34(3):330-332, July 1987.

21. Cooper SE: The effects of group and individual vocational counseling on career indecision and personal indecisiveness. J of College Student Personnel 27(1), January 1986.

22. Dorn FJ: Using interpersonal influence in career counseling. J of College Placement 45(1):53-56, Fall 1984.

23. Heitzmann, et al: Career encounters: Career decision-making through on-site visits. J of Counseling and Development 65(4):209-211, December 1986.

24. Lopez R and Andrews S: Career indecision: A family systems perspective. J of Counseling and Development 65(6):304-307, February 1987.

25. Slaney RB and Lewis ET: Effects of career exploration on career-undecided reentry women: An interview and follow-up study. J of Vocational Behavior 28(2):97-109, April 1986.

26. Swanson JL and Hansen JC: A clarification of Holland's construct of differentiation: The importance of score evaluation. J of Vocational Behavior 28(2):163-173, April 1986.

27. York DC and Tinsley HE: The relationship between cognitive styles and Holland's personality types. J of College Student Personnel 27(6):535-541, November 1986.

28. Krumboltz JD, et al: Teaching a rational approach to career decision- making: Who benefits most? J of Vocational Behavior 29(1):1-16, August 1986.

29. Bluestein DL and Strohmer DC: Vocational hyposthesis testing in career decision-making. J of Vocational Behavior 31(1):45-62, August 1987.

30. The price of college shaping students' choices. Change 18(3):27-30, May-June 1986.

31. Gianakos I and Subich LM: The relationship of gender and sex-role orientation to vocational undecidedness. J of Vocational Behavior 29(1):42-50, August 1986.

32. Foss CJ and Slavery RB: Increasing nontraditional career choices in women: Relation of attitudes toward women and response to a career intervention. J of Vocational Behavior 28(3):191-202, June 1986.

33. Farmer HS: Model of career and achievement motivation for women and men. J of Counseling Psychology 32(3):363-390, July 1985.

34. Bandura A: The psychology of chance encounters and life paths. American Psychologist 37:747-755, 1982.

35. Fassinger RE: Monograph: A casual model for college women's career choice. J of Vocational Behavior 27:123-153, 1985.

36. Walsh DJ: Individual variations within the vocational decision-making process: A review and integration. J of Career Development 14(1):52-65, Fall 1987.

37. Pickney JW: Problem solving by career assessment: Some issues clients need to consider. J of Career Development 14(1):45-51, Fall 1987.

38. Gati I: Making career decisions, a sequential elimination approach. J of Counseling Psychology 33(4):408-417, October 1986.

39. Amundson NE: A visual means of organizing career information. J of Employment Counseling 24(1):2-6, March 1987.

40. Career orientation. Arkansas Public School Course Content Guide, 1987.

41. Czeklinsky T and McCray PM: Vocational decision-making interview. Administration Manual, National Institute of Handicapped Research. Washington D.C., 1987.

A LITERATURE REVIEW

THE PROGRESS OF MINORITY RECRUITMENT AND RETENTION IN THE HEALTH PROFESSIONS DURING THE 1970s AND 1980s

Barbara Nelson, RDH, MS

Legislation introduced in the 1960s and 1970s addressed the inequity of minority group representation in the health professions.(1,2,3,4,5) Since then, a number of minority recruitment programs have been designed, implemented and studied. In 1983, Testoff and Aronoff reported an increase in the number of blacks and hispanics in health professions schools.(6) Despite recruitment and retention efforts by many segments of society, blacks and hispanics continue to be underrepresented in many health professions programs.(2,5,7)

Minorities are a growing proportion of the college-age population. It is projected that by the year 2025, they will comprise forty percent of all 18-24 year olds. According to Swartz, the number of hispanics living in the United States has grown to 30% by 1988. Since 1980, this is four times faster than the U.S. population as a whole.(8)

According to 1987 data, blacks and hispanics are less likely to complete college than whites. Twice as many white students have completed four or more years of college as blacks or hispanics.(9)

Fields notes that creative methods of recruiting and retaining minority students are not enough to solve the minority recruitment problem, since graduation rates of minority students are 10-20 percent below Asian and white student graduation rates.(10,11) Data suggest that less than 20:1,000 (.02%) hispanic or black 9th graders will graduate from college. When this is compared to the figures for white students at 60:1,000 (.06%) or Asians at 175:1,000 (.18%), it becomes apparent that serious concerns exist regarding the numbers of minorities who will be qualified for college admission.(10)

THE COMMUNITY COLLEGE/TWO-YEAR COLLEGE ROLE

Quintilian looked toward community colleges to alleviate the problems of minority recruitment in allied health programs.(12) Some of the factors important to minority students were reported. They included flexible course scheduling and the availability of developmental courses as most influential on their decision to enter the health professions. Collinson urged community colleges to take an expanded role in developing minority students.(13) He stated that improved coordination between two- and four-year institutions was necessary in order to prepare minorities for professional roles.

The major entry point in higher education for most minority students is the community or two-year college. Eighty percent of hispanic students who go to college enter two-year institutions.(10) Clearly

the minority students' success in gaining entry to professional fields is, in large part, due to their success in the two-year institution.

The Asian student is more likely to enter college than the black or hispanic student. College participation of blacks and hispanics peaked in the mid 1970s and has declined ever since, while college enrollment of Asian Americans nearly doubled 1976 enrollment levels by 1984.(14)

MINORITY FACULTY

The number of minority faculty must be increased on all campuses.(15) In 1986, only 2,013 minorities earned Doctorate degrees compared to 20,538 whites.(13) Although women are entering graduate schools in large numbers, fewer blacks are doing so. One-third or more of all professors now teaching will be replaced by the year 2000, but the chances of blacks being among those numbers is dwindling. Blacks represent 19.2% fewer graduate students.(16,17,14)

MINORITY STUDENTS IN HEALTH CARE

According to Mingle, social class remains the dominant factor which influences college participation and success.(14) Minorities are poorer, slightly sicker and more likely to be enrolled in Medicaid programs.(18) The greatest gap between disadvantaged minorities and non-minorities in America is the health care gap. Insufficient minority health personnel is a contributing factor.(19) Minorities are more likely to practice in a minority community.(20,21)

Although intensive efforts have been expended to increase minority representation in dentistry, the ratio of dentists to black population remains low. The percentage of Asians entering the health professions continues to rise twice as fast as the number of blacks.(19)

Blacks, the largest percentage of racial minorities, made great developmental progress in the 1970s. But now that progress is eroding.(14) Some have suggested that the problem is very complex and should be examined from a new perspective. Wright proposes key recommendations to increase minority college enrollment through cross-cultural training activities.(15)

The perceptions of minority students regarding selection and admission vary. In a study of four predominately white dental schools with minority recruitment programs, thirty-nine percent of the minority interviewees indicated that they felt that admissions standards were the same, while fifty-three percent felt they were different. Twenty-one percent felt the grade point averages were evaluated differently for minorities and eighty-eight percent thought the admissions policies should be different. Minority students expressed a need for support services such as adjusted course loads, summer workshops, academic tutors, clinical tutors, study skills and counseling.(5) Dummett observed that it is the schools'

responsibility to make recruitment work and the professions should share equally in that responsibility.(2)

The number of female applicants to professional schools is on the rise, however.(22) Green credits the women's movement for a move toward higher career goals. In 1988, the number of women interested in medicine surpassed the number interested in nursing by more than 5,000.

FINANCIAL IMPACT

Black enrollment increased in the fall of 1972 and fall of 1975. Both times were in response to significant increases in federal funding.(14) Financial aid is dwindling for disadvantaged and minority students. In a 1987 issue of the Chronicle of Higher Education, it was reported that the percentage of 1987 freshmen who qualified for Pell Grants was the lowest in nine years, while the percentage of students who sought government loans was at a five year high.(23)

Forty percent of high school students expect to work part-time while in college.(24) Over half of the minorities reported that working to finance their education had negatively affected their studies.(11,24)

RECOMMENDATIONS

Claycomb and others report a program designed to attract minorities and disadvantaged students.(25) The program has three components: career orientation, recruitment and academic enrichment/retention. Dental and dental hygiene faculty visit grade and high schools and maintain frequent contact with high school counselors. One-day student programs are conducted where a minority student spends a full day attending classes and clinics with a professional student. Mini-courses are structured to cover various health fields. Financial counseling is provided and the student is assisted in recognizing that loans are worthwhile and affordable.

Harrison and McBride describe a recruitment and retention model for minority students used at the Department of Medical Allied Health Programs at the University of North Carolina at Chapel Hill.(26) Four major components are recruitment, admissions, comprehensive support system and career realization.

Philips and others recommended that experimental programs be designed to attract minority students to health careers and to effect the supply and distribution of health manpower.(27) It was concluded that it is possible to recruit minority students in medically underserved areas and help them achieve career choices in the health professions. Special minority recruiting materials have been designed to include photographs of women and minority students in health professions.(28)

CONCLUSIONS

It appears that the needs of minority students are as great today as they were in the 1970s. Minorities still require remedial help, academic support, academic summer programs, financial assistance and special considerations in the admission process.(11,29) The minority student with the best chance of success in postsecondary education has good high school grades, study habits and high self-esteem.(14) No guarantees can be given for any college student. However, each institutions has the duty and responsibility to insure that minority students have appropriate support.(11,29)

BIBLIOGRAPHY

1. Beck P, Githens JH, Clinkscales D, et al: Recruitment and retention programs for minority and disadvantaged students. J Med Educ 53(8):651-657, 1978.

2. Dummett Co: Recruitment and retention of minority students---reality or rhetoric. In Sumnicht RW, Anderson CF ed. Workshop on minority dental student recruitment, retention and education. IDM 1975.

3. Murphy LP and McNair EW: A long-range evaluation of a biomedical science program for undergraduate minority students. J Med Educ 56(3):196-197, 1981.

4. Pisano JC and Epps AC: The impact of a medical-school-based summer program on the acceptance of minority students into health professional schools. J Natl Med Assoc 75(1):17-23, 1983.

5. Plummer MW, Kell D and Lennon F: Admissions policies and supportive services at predominately white dental schools: The minority student point of view. J Natl Dent Assoc 38(3):131-142, 1980.

6. Testoff A and Aronoff R: The health careers opportunity program: One influence on increasing the number of minority students in schools of health professions. Public Health Rep 98(3):284-291, 1983.

7. Wright DJ: Minority students: Developmental beginnings. In Responding to the Needs of Today's Minority Students 38:5-21, 1987.

8. Swartz J: Hispanics in the 80s. American Demographics 10(1):42-45, 1988.

9. Blacks and hispanics trail whites in college-going rate, study finds. The Chronicle of Higher Education 34(16), 1987.

10. Fields CM: Colleges in California seek new ways to expand pool of Hispanic students prepared for higher education. The Chronicle of Higher Education 34(5):A31-A34, 1987.

11. Planning for the future, change trendlines. Carnegie Foundation for Advancement of Teaching 17(3):31-35, 1985.

12. Quintilian EM: Influential factors in recruitment and retention of minority students in a community college. J Allied Health 14(1):63-70, 1985.

13. Collinson M N-K: Urban community colleges urged to respond to minority needs. The Chronicle of Higher Education 34(21):A32, 1988.

14. Mingle JR: Focus on minorities: Trends in higher education participation of the education commission of the states and the state higher education executive offices. MP-87-2, Denver, Colorado, July 1987.

15. Wright DJ: Summary and annotated references. In Responding to the Needs of Today's Minority Students 38:95-102, 1987.

16. Borman CA and Guido-DeBrito F: The career development of women: Helping Cinderella lose her complex. J Career Dev 12(3):250-251, 1986.

17. Heller S: Women flock to graduate school in record numbers, but fewer blacks are entering the academic pipeline. The Chronicle of Higher Education 33(2), 1986.

18. Health care cost and use cary among hispanic ethnic groups. NCHSR Research Activities 88, 1987.

19. Henry JL: Increasing recruitment and retention of minority students in health programs---dentistry. J Dent Educ 44(4):191-194, 1980.

20. Birch JS and Wolfe S: An enrichment program for minority students. J Med Educ 50(11):1059-1060, 1975.

21. Taylor RW and Kress GC: Factors that influence minority dental students career plans. J Dent Educ 51(9):528, 1987.

22. The recruitment, admission, and matriculation of minority students in US dental schools. New Dent 11(5):20-24, 1981.

23. More of the year's freshmen borrow for college; fewer get Pell Grants. The Chronicle of Higher Education, Jan 14, 1987.

24. Pyke SR: Ways in which minority dental student recruitment, selection, and admissions practices can be improved. In Sumnicht RW, Anderson CF, ed. Workshop on Minority Dental Recruitment, Retention, and Education, IDM 1975.

25. Claycomb CK, Moreland O and Park RI: Recruitment of ethnic and socio-economically disadvantaged students into dentistry. J Dent Educ 44(4):195-197, 1980.

26. Harrison FG and McBride ET: A minority recruitment/retention model for a department of medical allied health profession. J Allied Health 10(1):1-22, 1981.

27. Philips BU, et al: Minority recruitment to the health professions: A matched comparison six-year follow-up. J Med Educ 56(9):742-747, 1981.

28. Recruiting women for traditionally "male" careers: Programs and resources for getting women into the men's world. Association of

American Colleges, Project of the Status and Education of Women. Washington, DC 20009, ED 145 256, Oct 1977.

29. Bross TM and Smugar C: Understanding factors involved in college choice: Implications for baccalaureate programs in nursing. J Allied Health, 1986.

NEEDS ASSESSMENT SURVEY ON DENTAL HYGIENE CAREER RECRUITMENT

Beth Pelton, RDH, MS, Associate Professor
Department of Dental Hygiene
The University of Iowa

INTRODUCTION

The 1987-88 ADHA Subcommittee on Career Recruitment was charged with examining existing dental hygiene career recruitment activities. A needs assessment was conducted to collect a broad range of data. These data would then be used together with current literature to provide a framework for assessing dental hygiene career recruitment needs and developing appropriate strategy.

METHODOLOGY

In April 1987, a survey was conducted to collect qualitative information regarding dental hygiene career recruitment. Questionnaires and cover letters were sent to dental hygiene education program directors (N=200) and ADHA constituent presidents (N=51). A 45% response rate from the program directors (n=90) and a 39% response rate from constituent presidents (n=20) was received.

All respondents were asked to list four strengths of the dental hygiene profession that should be addressed in career recruitment strategies. They were also asked to list four characteristics about dental hygiene that may discourage potential recruits from entering the profession. Constituent presidents were asked to list three strategies that could increase practitioner involvement in the recruitment of qualified applicants and three ways that practitioners in their constituent could assist in student recruitment efforts. Program directors were asked to list the four primary recruitment strategies utilized by their dental hygiene program and to rate each strategy's effectiveness.

LIMITATIONS OF THE STUDY

A smaller than expected response rate was received from both groups. As a result, findings indicate patterns, at best. The open ended nature of the survey may have contributed to the low return rate. Additionally, the surveys were mailed in late April to be returned in May. For program directors and constituent presidents, that time period most likely did not allow adequate time. Had there been sufficient time, a second mailing to nonrespondents should have been conducted to enhance response rate.

In order to receive more honest, noninfluenced responses survey items were designed to be answered open ended. The transfer of responses to categorical responses may have resulted in some misinterpretation of raw

data. This, however, is a common limitation inherent in the interpretation of any open ended response item. Also, due to time constraints imposed on this study, it was not possible to adequately survey a student population.

RESULTS AND DISCUSSION

The first survey item addressed the four strengths of the dental hygiene profession. Three hundred fifty two (352) responses were made by the 90 program directors; 80 responses were made by the 20 constituent presidents. Study of the data showed that individual responses could be grouped into 12 categories (Table I). The most often cited strength of the profession related to dental hygiene's preventive service orientation and emphasis on human concern. It is of interest to note that the most frequently cited strengths provided by program directors paralleled those reported by constituent presidents. This pattern was consistent with two exceptions: a larger number of practitioners than educators responded that "prestige/public recognition" is a strength of dental hygiene; and a larger number of educators than practitioners cited that "job satisfaction/challenging/autonomous career" is a strength of the profession.

PERCEIVED STRENGTHS OF DENTAL HYGIENE PROFESSION

The responses of both groups indicate that respondents perceive that dental hygiene, as a discipline, holds intrinsic or intangible qualities as well as extrinsic or tangible qualities. Examples of intrinsic qualities are preventive service orientation and emphasis on human concern, prestige/public recognition, and job satisfaction/ challenging/autonomous career. Examples of extrinsic qualities include flexibility of work schedules/hours, favorable work environment and salaries. Depending on the specific target populations that will be selected for dental hygiene career recruitment, intrinsic and/or extrinsic strengths of the dental hygiene profession should be emphasized.

PERCEIVED CHARACTERISTICS THAT DISCOURAGE RECRUITMENT

One item addressed the characteristics about dental hygiene that may discourage people from entering the profession (Table II). Three hundred forty-five (345) responses were made by 90 educators; 81 responses were made by 20 constituent presidents. Disadvantages cited by the two groups were quite varied. For example, while program directors identified that eight of the 22 disadvantages were related to the current dental hygiene educational system, constituent presidents identified that only three of 17 disadvantages were related to the educational system. By both groups, the two most frequently cited deterring factors were, "limited opportunity for career advancement" and "inadequate compensation packages (salaries/benefits)." Should these perceptions be accurate, then further documentation should be made of the need to develop and implement a four-year integrated dental hygiene

curriculum that will prepare the hygienists for a variety of roles, as well as providing negotiating skills which allow individuals to aggressively address compensation issues in dental hygiene practice.

It is of interest to observe that while most of the factors listed in Table II have been previously cited in the literature as disadvantages of dental hygiene, the large majority of survey respondents did not openly respond to these factors. Of further interest is that issues considered strengths by some, were considered a detriment by others. For example, educators indicated that "job satisfaction/ challenging/autonomous career" was a strength of the profession. Yet, 10 educator responses indicated "burnout" to be a disadvantage. While 28 educator responses indicated a strength to be "prestige/public recognition," 26 educator responses indicate that "lack of prestige/professional status" was a deterrent for dental hygiene recruits.

It is possible that, in the future, some perceived disadvantages could be marketed as attractions to the profession. Depending on the type of student dental hygiene will recruit, many currently perceived disadvantages could be marketed as strengths of the profession. For example, many potential students might assess dental hygiene's prestige and professional status to be favorable because they also would perceive dental hygiene to be a high risk, stressful profession that requires an extensive, intensive formal education.

WAYS PRACTITIONERS COULD ASSIST IN RECRUITMENT ACTIVITIES

Fifty-seven responses were provided by constituent presidents on ways practitioners could assist in recruitment activities (Table III). Although the most frequently cited response was "participate in career days," presidents also stated that practitioners could make presentations to school, parent, and community groups and could personally recruit patients into dental hygiene. The presidents also presented some creative nontraditional ideas for practitioner involvement in recruitment.

STRATEGIES TO INCREASE PRACTITIONER INVOLVEMENT IN RECRUITMENT

The constituent presidents were even more creative when responding to the item requesting strategies to increase practitioner involvement in recruitment (Table IV). Eleven constituent presidents (55%) indicated that practitioner involvement in community service work and public relations would promote dental hygiene as a viable profession and indirectly would recruit students. Several presidents said that practitioner involvement would increase if recruitment training was provided for them and if they were encouraged to be involved in the development of recruitment materials.

RECRUITMENT STRATEGIES EMPLOYED BY DENTAL HYGIENE PROGRAMS

Program directors listed the primary recruitment strategies utilized in their programs and rated the effectiveness of these strategies (Tables V, VI, and VII). The strategy most often rated as very or moderately effective was personal contact with the potential student. Directors indicated that contributions made by their dental hygiene alumni were very or moderately effective. Personally working with junior and senior high counselors and teachers, with college counselors/advisors for undeclared and pre-health majors was considered a successful recruitment strategy. Twenty-one responses (21) indicated that participating in career days/fairs was an effective strategy. Conversely, the strategy most often given as not effective or very ineffective was career day/fairs to high schools, feeder colleges, etc. Results from this survey item indicate that while the vast majority of respondents utilize career days as a recruitment strategy, the activity is perceived by the majority to be, at most, a somewhat effective recruitment tool. Further investigation should be conducted to determine which specific activities incorporated in career day programs are considered to be effective.

Other strategies, although cited less frequently, may be of interest for the design of future recruitment efforts. Various forms of advertising might be appealing to the potential student. Faculty involvement in the professional community as a recruitment tool may warrant more consideration. Articulation agreements with other institutions and early admit students may become recruitment strategies that are employed with greater frequency.

Since personal contact appears to be a very or moderately successful recruitment strategy, more creative one-on-one techniques should be developed utilizing networks comprised of human resource groups such as dental hygiene students, faculty, alumni groups, practitioners, and ADHA. Further, once dental hygiene determines the type(s) of student the profession wants to recruit, then a study should be made of what media and advertising techniques appeal to those students.

TABLE I

PERCEIVED STRENGTHS OF DENTAL HYGIENE PROFESSION

Strengths	Directors	Strengths	Presidents
Preventive service orientation/helping/ human concern profession	93[1,2]	Preventive service orientation/helping human concern profession	27
Flexibility of work schedule/hours	56	Flexibility of work schedule/hours	12
Flexibility of profession/career options/ entering, leaving	52	Flexibility of profession/career options/ entering, leaving	12
Favorable salaries	40	Prestige/public recognition	9
Availability of employment/job opportunities	36	Favorable salaries	7
Prestige/public recognition	28	Favorable work environment	6
Job satisfaction/challenging/autonomous career	24	Availability of employment/job opportunities	5
Favorable work environment	20	Educational preparation: minimum two year entry	4
Organized/active professional organization	9		
Educational preparation: minimum two year entry	7		
Quality education	2		
Cost effective education	2		
Stepping stone to dentistry	2		
Educational preparation: minimum three year entry	1		

1. Indicates the number of times answer was provided by responsents.
2. Exceeds total number of respondents because of multiple response item.

TABLE II

PERCEIVED CHARACTERISTICS DISCOURAGE RECRUITMENT

Characteristics	Directors
Inadequate compensation packages (salaries, benefits)	73[1,2]
Limited opportunity for career advancement	66
High risk profession/disease transmission/ stress	30
Lack prestige/professional status	26
Lack autonomy	26
Limited public knowledge/lack of visibility of dental hygiene as a viable career option	25
Restriction due to state licensure	20
Length of education for associate degree	19
Inappropriate press from media/dental hygiene professionals/dentistry	18
Female dominated	12
Education sequence/curriculum/inflexibility/ limited transfer of credit	10
Burnout	10
Lack state reciprocity	9
Cost of education	8
Poor employment opportunities	8
State/national board exams too dificult	5
Competition from other professions	5
Overtrained/underutilized	5
Project baccalaureate entry level	4
Intensity of education	3
Educational system stressful	3
Prerequisites for bachelors degree	1

Characteristics	Presidents
Limited opportunity for career advancement	15
Inadequate compensation packages (salaries, benefits)	14
Lack prestige/professional status	9
Lack autonomy	9
Lack variety in practice	6
Female dominated	5
High risk profession/disease transmission/ stress	5
Length of education	4
Cost of education	4
Inappropriate press from media/dental hygien professionals/dentistry	4
Restriction due to state licensure	4
Limited employment opportunities	4
Limited influence in working environment	3
Limited public knowledge/lack of visibility of dental hygiene as a viable career option	2
Fear of dental hygiene education	1
Isolation from peers in work setting	1
Intimacy of practice orientation	1

1. Indicates the number of times answer was provided by respondents.
2. Exceeds total number of respondents because of multiple response item.

TABLE III

WAYS PRACTITIONERS COULD ASSIST IN RECRUITMENT ACTIVITIES*

Strategy	Response[1,2]
Participate in career days	16
Provide presentations in high schools/junior highs	10
Provide presentations to parent groups/community groups	10
Make personal contact with patients provide pamphlets/posters on the profession	10
ADHA develop materials for speaking to students both written and audio-visual materials	4
Work directly with area schools	4
Make one-on-one contacts, both socially and professionally	4
Work with school alumni organizations	4
Contact directly area guidance counselors	3
Provide input on development of recruitment materials	1
Serve on admissions committees	1
Help establish scholarships	1
Contact women's organizations	1

*Responses provided by constituent presidents.

[1] Indicates the number of times answer was provided by respondents.

[2] Exceeds total number of respondents because of multiple response item.

TABLE IV

STRATEGIES TO INCREASE PRACTITIONER INVOLVEMENT IN RECRUITMENT*

Strategy	Response[1,2]
Promote dental hygiene as a viable profession dental hygienists to provide active public relations, community work	11
Provide recruitment training for practitioners	8
Encourage practitioner involvement in development of recruitment materials	8
Communicate to practitioners that they are vital recruitment link	5
Enlist practitioners to attend high school/college career days	4
Enlist local components to develop recruitment activities, develop strong liaison with area schools	3
Support of alumni groups by ADHA	2
Provide reward system for component/constituent activities in recruitment	2
Appoint practitioners to serve on admission committees, advisory boards	2
Promote scholarships	2
Provide public forum for practitioners to express their views on recruitment	1

*Responses provided by constituent presidents.

[1] Indicates the number of times answer was provided by respondents.

[2] Exceeds total number of respondents because of multiple response item.

TABLE V

RECRUITMENT STRATEGIES EMPLOYED BY DENTAL HYGIENE PROGRAMS

VERY EFFECTIVE AND MODERATELY EFFECTIVE STRATEGIES*

Strategy	Response[1,2]
Personal contact with potential student tours, open houses, etc. -- 12 advising, counseling -- 8 personal letters -- 6 dental hygiene students recruit -- 5 phone -- 2 other -- 13	46
Dental hygiene alumnae	21
High school, feeder college career days/nights visits to youth groups, career health clubs, visits to other insititutions	21
Personal contact with counselors/advisors high school counselors and teachers, other colleges' counselors and advisors, pre-health, undecided major advisors	20
Media, Advertising brochures/catalogs/posters -- 8 direct mail -- 3 TV/radio/newspapers -- 5 other -- 2	18
Dentists, dental assistants, other professionals	14
Articulation strategies with other institutions and early admit for high school students	11
Reputation of dental hygiene program	7
Faculty involvement in professional community	7
Word of mouth	7
Other	2

*Responses provided by program director.

[1] Indicates the number of times answer was provided by respondents.

[2] Exceeds total number of respondents because of multiple response item.

TABLE VI

RECRUITMENT STRATEGIES EMPLOYED BY DENTAL HYGIENE PROGRAMS

SOMEWHAT EFFECTIVE STRATEGIES*

Strategy	Response[1,2]
High school, feeder college career days/nights visits to youth groups, career health clubs, visits to other institutions	31
Media, Advertising brochures, posters -- 8 direct mail -- 4 slide tapes -- 3 TV -- 3 newspapers -- 2	20
Personal contact with potential student tours, open houses -- 7 advising, counseling -- 2 personal letters -- 2	10
Dental hygiene alumnae	4
Dentists, other professionals	3
Personal contact with counselors	2
Early admit students	1
Faculty involvement in professional community	1
Other	2

*Responses provided by program directors.

[1] Indicates the number of times answer was provided by respondents.

[2] Exceeds total number of respondents because of multiple response item.

TABLE VII

RECRUITMENT STRATEGIES EMPLOYED BY DENTAL HYGIENE PROGRAMS

NOT EFFECTIVE AND VERY INEFFECTIVE STRATEGIES*

Strategy	Response[1,2]
High school, feeder college career days/nights visitis to youth groups, career health clubs, visit to other institutions	25
Media, Advertising	10
Personal contact with potential student	7
Personal contact with counselors	3
Dental hygiene alumnae	1
Dentists, other professionals	1
Other university recruitment policies, staff public awareness of profession	5

*Responses provided by program directors.

[1] Indicates the number of times answer was provided by respondents.

[2] Exceeds total number of respondents because of multiple response item.

DISTRIBUTION OF DENTAL HYGIENE EDUCATION PROGRAMS

COMBINED REPRESENTATION

CONSTITUENT REPRESENTATIVES

189

192

193

INSTITUTIONS REPRESENTATION OF HIGHER EDUCATION

ALABAMA

Laura W Cochran	Box 59 School of Dent University Station	Birmingham	35294
Lisa S Fleming	Box 59 School of Dent University Station	Birmingham	35294

ARIZONA

Sally Tyrrell	1955 Meteor	Flagstaff	86001

ARKANSAS

Cynthia A Brown	112 Rosetta	Little Rock	72205
J Cephis Gaddy	College Hlth Ret Prof University of Arkansas	Little Rock	72205

CALIFORNIA

Shea Shannon Ganley	2081 Business Center Dr #290	Irvine	92715
Nann G Rubbell	2081 Business Center Dr #290	Irine	92715
Karoline M Waldman	227 15th Streeet	Santa Monica	90402
Judy Yamamoto	375 Euclid, Apt 313	San Francisco	94118

COLORADO

Gail N Cross-Poline	4200 E 9th Avenue Campus Box C-284	Denver	80262
Debi L McFall	8344 E Radcliff Ave Apt 393	Denver	80237
Mark S Patterson	Colorado NW Comm Coll Box 638 500 Kennedy Dr	Rangely	81648

CONNECTICUT

Janet Carroll-Memoli	Univ of Bridgeport Fones Schl Dent Hyg	Bridgeport	06601

FLORIDA

Rosemary Campbell-Smith	3609 NW 30 Blvd	Gainesville	32605
Jodi Farber	4822 Classic Dr	W Palm Beach	33417
Selina E Fries	5128 NW 34th Pl	Gainesville	32606
Dr Henry M Gagliardi	4501 Capper Rd	Jacksonville	32218
Nancy J MacPherson	605 Allen Ave	Delray Beach	33444
Gerry Oenbrink	491 Wranglewood Dr	Wellington	33414
Hazel B Simmons	1530 Lisa Ave Apt B	Fernandina BH	32034
Kathryn M Smith	4923 Walden Circle	Orlando	32811
Ann Michele Stilwell	6701 Mallards Cove Rd Apt 44B	Jupiter	33458

GEORGIA

Susan J Bailey	1481 Forrest Hill Rd #505	Macon	31210
Vicki Bell	955 Concord Rd, SE	Smyrna	30080
L Kathy Bingaman	1072 Pine Mtn	Forest Park	30050
Lois A Hoffman	Medical College of GA	Augusta	30912

Ronda S Karelitz	DeKalb College	Dunwoody	30338
Dr Wilbur G Reed	7748 Kennington Lane	Jonesboro	30236
Katherine Ann Simons	165 Buckthorn Ct	Roswell	30076
Gail P Winkley	Medical College of GA	Augusta	30912
IDAHO			
Carole Rae Christie	5674 Country Club Dr	Pocatello	83204
ILLINOIS			
Kimberly Benkert	4313 Dubois Blvd	Brookfield	60512
Judith E Henthorn	1604 Sangamon Drive	Champaign	61821
Marianne P Holt	7906 Linder Avenue	Morton Grove	60053
Carrolyn D Rountree	73 Kirkley Lane	Springfield	62704
Jean M Wolff	240 E Huron, Rm 1315	Chicago	60611
INDIANA			
Deborah H Addessi	Rt 1 Box 59	N Manchester	46962
Jolene Dunbar	18 Greywing Ct	Terre Haute	47803
IOWA			
Beth Pelton	704 Arbor Drive	Iowa City	52240
Jane A Rowat	217 Post Rd	Iowa City	52240
Judy O'Brien Smith	975 Kirkwood Street	Dubuque	52001
Sarah A Turner	1200 Prospect Blvd	Waterloo	50701
KANSAS			
Sherry Burns	6539 Sagamore Rd	Mission Hills	66208
Renee M Byczek	7608 Goddard Apt 104	Shawnee	66214
KENTUCKY			
Eunice Beatty	Lexington Comm Coll	Lexington	40506
Linda P H Lewis	806 A East Madison St	Louisville	40204
Joseph Lynch	101 Gator Drive P O Box 310	Somerset	42501
LOUISIANA			
Sandra C Andrieu	331 Midway RR	River Ridge	70123
Beverly B Jarrell	NE Louisiana Univ 700 University Ave	Monroe	71209
Tanya Speyrer	104 Turtledove Dr	Swartz	71281
MARYLAND			
Diane M Bassage	17820 Caddy Dr	Derwood	20855
Marie Frazier-Kelley	7906 Roxbury Ct	Hyattsville	20785
Sharon Kershaw	908 Larch Avenue	Tokoma Park	20912
MASSACHUSETTS			
Judith S Harvey	Forsyth School for Dental Hygienists	Boston	02115
MICHIGAN			
Allen Bogucki	8091 Locklin	Union Lake	48085
Mary Bogucki	8091 Locklin	Union Lake	48085
Sally Ann Deck	1221 Carriageway North	East Lansing	48823

Judy Jaeger	7719 Beaverland	Detroit	48239
Diana M Kelly	2018 Tremont Blvd NW	Grand Rapids	49504
Wendy Kerschbaum	5819 Shagbark	Ann Arbor	48108
Susan J Pritzel	3099 Waters Road	Detroit	48239
Darlyne A Underhill	4085 Mitchell Drive	Flint	48506
Janet Sounder Wilson	22300 Taft	Northville	48167
Pamela Zarkowski	1221 Harvard	Grosse Pointe	48230
MINNESOTA			
Irene Knorr	12481 Drake NW	Coon Rapids	55433
MISSOURI			
Renee Rubertus	1101 Williard Apt D	Joplin	64801
Kim Smart	6738 Charlotte	Kansas City	64131
MONTANA			
Deborah J Rainey	2045 Jerome Place	Helena	59601
NEBRASKA			
Gwen L Hlava	3344 Neepark Drive	Lincoln	68506
Jane Stratman	1642 "I" Street	Geneva	68361
Connie J Tussing	3741 S 58th Street	Lincoln	68506
NEVADA			
Mary M Bosnos	5605 Trooper Street	Las Vegas	89120
Mary Ann Haag	5605 Ridgegrove Avenue	Las Vegas	89107
Barbara A Nelson	1801 N Mallard	Las Vegas	89108
Carolyn E Yates	1017 Pagosa Way	Las Vegas	89107
NEW HAMPSHIRE			
Carolyn A Hartnett	121 Broadway Street	Concord	03301
NEW JERSEY			
Jane Forrest	42D Stoney Run Rt 73	Maple Shade	08052
Regina Dreyer Thomas	171 Route 34	Holmdel	07733
Cheryl Westphal	One Battle Ridge Trail	Totowa	07512
Karen Wolson	156 Seneca Court	Paramus	07652
NEW MEXICO			
Glenna Taylor	9708 Admiral Emerson NE	Albuquerque	87111
NEW YORK			
Cecelia Black	41 Commerce Street	New York	10014
Barbara Houser	Hudson Valley Comm Coll	Troy	12180
Olga A C Ibsen	103 Parkview Ave	Bronxville	10708
Roberta Schaber	Colgate-Palmolive 300 Park Ave PK-12	New York	10022
Roberta Smith	52K Underhill RD	Middletown	10940
Sister Sheila Stevenson	81 Barberry Terr	Rochester	14621
NORTH CAROLINA			
Barbara S Hardee	102 David Dr Apt F-33	Greenville	27858
Ethel M Morris	919-D Shelby Drive	Greensboro	27409

Jennifer T Pittman	1203 Seaton Rd T-95	Durham	27713
Donna P Warren	367 Old Dental Bldg UNC Schl Dentistry	Chapel Hill	27514
OHIO			
Julia M Ball	2254 E Elm Street	Lima	45804
Joan Gill	312 Parkview Drive	Cridersville	45806
Madeleine Haggerty	3860 Fairway Drive	Canfield	44406
Pat Hoggerty	860 Broadman Canfield Rd	Youngstown	44512
Donna M F Homenko	5106 Grantwood Dr	Cleveland	44134
Vicky M Kroh	10026 Hobart Rd	Kirtland	44094
Linda L Lesher	218 Fenway Drive	Lima	45804
Darice K Pacak	9230 B Hunters Creek Dr	Cincinnati	45242
Trudy Palmateer	206 Bonaparte Drive	Toledo	43615
Cathlyn A Patterson	Lakeland Comm Coll I-90 & Rt 306	Mentor	44060
Emma Jo Shearer	3070 Postle Hall 305 W 12th Ave	Columbus	43210
Chris Simmons	1003 Kipling Drive	Toledo	43612
R Lois Skinner	Sinclair Comm Coll 444 W 3rd Street	Dayton	45402
Mary Zimmerman	1054 N Main Street	Lima	45801
OKLAHOMA			
Kathy Miller	11723 Sagamore	Yukon	73099
OREGON			
Diane S Hardiman	762 9th Street	Lake Oswego	97034
Dar Reveal	7571 SW Bayberry Dr	Aloha	97007
Marge Reveal	7571 SW Bayberry Dr	Portland	97007
PENNSYLVANIA			
Lillian J Feliciani	2102 Third Street	Norristown	19401
Tina Grifone	700 Malin Rd	Newton Square	19073
Rae Ann Karichner	Box 86 Rd #6	Muncy	17756
Linda G Kraemer	Thomas Jefferson Univ	Philadelphia	19107
SOUTH DAKOTA			
Barb Williamson	1590 DeGeest Drive	Rapid City	57701
TENNESSEE			
Lori L Ames	University of Tennessee	Memphis	38163
Nancy W Austin	403 Isaac Drive	Goodlettsville	37072
Martha N Higgins	1606 Starboard Drive	Hixson	37343
Dr F Ruth Ketron	317 Vermont Drive	Kingsport	37660
TEXAS			
Becky DeSpain	3300 Gaston Ave	Dallas	75246
Pat A Fallon	805 Chaparral Ct	Bedford	76022
Janie Sue Noble	911 Boling Highway	Wharton	77488
Mary Jane Winters	1348 Fieldstone	Bedford	76022

VERMONT

Susan M Mercier	RR 1 Box 809 W Shore Rd	South Hero	05486

VIRGINIA

Deborah B Bauman	Old Dominion University	Norfolk	23529
Suzanne H Bochek	404 Cockletown Road	Yorktown	23692
B Laurel Casey	Box 566 MCV Station VA Comm Wealth Univ	Richmond	23298

WASHINGTON

Karen Lee Demetre	Dent Hyg/Shoreline 16101 Greenwood Ave	Seattle	98133
Dr Martha H Fales	1851 E Shelby Street	Seattle	98112
Mary Ann Greenen	8125 SE Evergreen Hwy	Vancover	98664
Salli Harris	N 14909 Cincinnati	Spokane	99208
Sheila F Hoople	3833 NE 120th	Seattle	98125
Cyndi S Newman	104 Sunnyside Place	Sequim	98382

WEST VIRGINIA

Michelle D Grose	W Virginia Inst of Tech	Montgomery	25136
Pat Jones	West Liberty State Coll	West Liberty	26074
Mary Regina Pfeifer	3557 Collins Ferry Rd Apt F-18	Morgantown	26505

WISCONSIN

Kim L Autio	2522 N 124th St Apt 208	Wauwatosa	53226
Diane M Krause	W143 57693 Independ. C	Muskegon	53150
Ruthann Peterson	N5024 Country Lane	Saukville	53080